

## **EXHIBIT O**

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2 CITY COUNCIL

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CITY OF NEW YORK

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THE TRANSCRIPT OF THE MINUTES

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of the

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COMMITTEE ON AGING

8

(Held Jointly With)

COMMITTEE ON GENERAL WELFARE

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June 14, 2007

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City Hall

Council Chambers

14

New York, New York

15

B E F O R E:

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MARIA del CARMEN ARROYO

17

Chairperson, Aging Committee

18

BILL DeBLASIO

Chairperson, General Welfare

19

Committee

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1  
2 A P P E A R A N C E S (CONTINUED)  
3 Public Advocate Betsy Gotbaum  
4 Robert Doar  
Commissioner  
5 NYC Human Resources Administration  
6 Lin Saberski  
Deputy Commissioner of APS  
7 NYC Human Resources Administration  
8 Wana Ulysse  
Vice President of Political Action  
9 Social Service Employees Union, Local 371  
10 Faryce Moore  
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14 Kim Steinhagen, LMSW  
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15 The Geriatric Mental Health Alliance of New York  
16 Rhonda Grand, MSW, LMSW  
Executive Director  
17 Special Services for Senior Citizens  
18 Judy Willig  
Executive Director  
19 Heights and Hill Community Center  
20 Judith Uman  
Director of Social Services  
21 Bronx Jewish Community Council  
22 Jane Greengold Stevens, Esq.  
Director, Special Litigation Unit  
23 New York Legal Assistance Group  
24 Arlene Markarian  
Chief of Elder Abuse Unit  
25 Office of Brooklyn District Attorney Hynes

1

2 A P P E A R A N C E S (CONTINUED)

3

Joseph Garber  
Corresponding Secretary  
Civil Service Merit Council

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Howard Haskin  
Case Manager  
Special Services for Senior Citizens

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Kathy Casey

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1 AGING AND GENERAL WELFARE COMMITTEES

2 CHAIRPERSON DeBLASIO: Welcome to this  
3 joint hearing of the General Welfare Committee and  
4 the Committee on Aging is called to order.

5 I would like to thank everyone for  
6 being here. It is always helpful to us to have a  
7 full house of interested and concerned folks, and I  
8 think it always sends a message to our friends in  
9 the Administration that a lot of people care about  
10 the subject matter at hand, so I want to thank  
11 everyone for being here. And I would like to -- I  
12 was going to introduce our colleagues, but they  
13 seemed to have escaped. I know Council Member  
14 Annabel Palma was here a moment ago, and she'll be  
15 back, and Council Member Rosie Mendez was also here  
16 a moment ago and will be back.

17 I'm going to just say a few opening  
18 words and then turn to my colleague Chair Arroyo,  
19 and we expect at some point soon to be joined by  
20 Public Advocate Betsy Gotbaum, who will also have a  
21 few things to say, and then of course, to hear the  
22 testimony.

23 Today's topic is particularly  
24 important because it is so little understood by the  
25 general public. Adult Protective Services, I dare

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2 say, of the many services that HRA provides, may be  
3 one of the ones that gets the least attention, even  
4 though it plays a crucial role in the lives of very,  
5 very vulnerable people. And Adult Protective  
6 Services means so much to seniors in need, it means  
7 so much to people with disabilities in need, it is a  
8 crucial lifeline for thousands of New Yorkers.

9                   The concerns we want to talk about  
10 today range from the numbers involved, meaning the  
11 number of people receiving the service, which to  
12 many of us looks surprisingly low, given the huge  
13 number of New Yorkers with disabilities, and the  
14 huge number of senior New Yorkers living alone and  
15 facing many, many personal and economic challenges.

16                   The way that we have organized this  
17 agency over time, whether it is sensible for a  
18 single agency to try and act both on the needs of  
19 seniors and the needs of people who are not seniors  
20 with the same methodology, the training of the  
21 caseworkers, the equipping of the caseworkers, the  
22 number of case workers, all of these issues are of  
23 deep concern, and the culture of the agency, and  
24 whether in fact this agency is trying to encourage  
25 people to come in with their challenges and to work

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2 with them and to help them get benefits they  
3 deserve, or whether in fact a number of people are  
4 being turned away who could benefit from the  
5 services.

6                   This all occurs against the backdrop  
7 of a City that is growing, and, in fact, a lot of  
8 its growth is coming among seniors. And we have to  
9 be cognizant about the fact that the population of  
10 this country and the population of this City is  
11 going to be increasingly senior over the coming  
12 years, and APS will be put into a very crucial  
13 position in our City government as that population  
14 grows, but also the number of people with  
15 disabilities that are so real and so severe that  
16 they need help in many, many facets of their daily  
17 life is much higher I think than any of us normally  
18 recognize. And that population, too, needs to get  
19 more help and support from APS, and that's a lot of  
20 what we want to look at today.

21                   A number of advocates have been  
22 working over the years to try and bring attention to  
23 APS, to try and make changes. Some have even had to  
24 take legal action to get the attention and the  
25 change necessary. But when it works, APS is in a



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2 position to have a tremendous impact on the lives of  
3 the people it touches, and one of the things I  
4 particularly appreciate as a huge multiplier effect  
5 is when APS can help a client to get Medicaid that  
6 they're not getting, or SSI or food stamps, that has  
7 a profound impact on their day-to-day life for  
8 months and years thereafter. And also, of course, I  
9 always say the taxpayer should thank any City  
10 employee who helped someone get a benefit funded by  
11 the federal or State government that that person is  
12 eligible for, because they're helping that person  
13 and their family, and they're also making sure we  
14 get the support we deserve from other levels of  
15 government, and ultimately reducing people's need to  
16 take advantage of emergency services in the City.

17 We're going to hear from the Public  
18 Advocate in a moment. She deserves tremendous credit  
19 for having worked on this issue again, not a  
20 front-page issue, but a crucially important issue,  
21 and particularly looked at the issue of caseloads,  
22 and the preparation of the folks who do the work  
23 day-to-day, and we're very, very thankful that she  
24 has created that focus on the issue.

25 And, of course, after we speak, we'll

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2 hear from Commissioner Doar. And I've said publicly,  
3 I appreciate very much that Commissioner Doar is  
4 consistently forthright and cooperative an open. I  
5 never find him to be the kind of person who says a  
6 problem isn't a problem, and I'm sure he will be  
7 talking about some good news, I'm sure, about the  
8 agency, including this budget about to be passed,  
9 the fact that there is a commitment to more staff to  
10 do the front line work, which is something we truly  
11 appreciate.

12 So, I'm very, very gratified that  
13 we're all here to begin more of a public debate on  
14 this very important issue, and with that, I'd like  
15 to turn to the very effective and very focused Chair  
16 of our Committee on Aging, Maria Arroyo.

17 CHAIRPERSON ARROYO: Thank you, Mr.  
18 Chair. The term I liked best was at the press  
19 conference, you referred to me as "clever."

20 CHAIRPERSON DeBLASIO: It was true. I  
21 sat in the Budget Negotiating Room with her for the  
22 last two weeks, she is definitely clever.

23 CHAIRPERSON ARROYO: I always look  
24 real smart and very efficient, only because of the  
25 work that many of you in this room do, and whenever

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2 I get an opportunity to say thank you to all of you,  
3 I do so very proudly and very loudly, without those  
4 of you who advocate for those who we are entrusted  
5 with protecting. We would not do and look as good as  
6 we do publicly, so I want to thank you all for being  
7 here again today to discuss a very important issue  
8 that affects the seniors in our City, and that is  
9 the services provided by Adult Protective Services.

10 And my approach is always one at  
11 being part of the solution, not part of the problem,  
12 and engaging in conversation and the discussion  
13 about the issues, and in coming to a consensus on  
14 how we can best address those issues.

15 I look forward to the testimony  
16 today. I want to thank my Co-chair Council Member  
17 DeBlasio, for agreeing to this joint hearing. And it  
18 took us a couple of months to put it together  
19 because of all the budget stuff that happens in  
20 between, but with his leadership, and in partnership  
21 with the General Welfare Committee, I believe that  
22 we can make great strides in our partnership, and in  
23 particular with the Public Advocate, Betsy Gotbaum,  
24 whose report was what helped us focus our attention  
25 around this issue.

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2 And many of you have always, and then  
3 some of us in our individual offices have  
4 experienced the shortcomings a system has, and have  
5 been saying something needs to be done.

6 So, Public Advocate, thank you for  
7 your work, and your leadership also. And certainly  
8 to the agency and the new Commissioner, who I just  
9 met and congratulated for his appointment, and  
10 sometimes individuals take on these challenges and  
11 you almost want to give them your condolences, as  
12 well, but the work that lays ahead of us I know is  
13 going to be a little difficult, but not something  
14 that we cannot overcome, making a commitment to do  
15 that work together. And as Chair of the Committee on  
16 Aging, certainly you have my commitment to do that,  
17 and where we can be helpful we set forward and take  
18 the challenge to do that.

19 So, I wish you great success in your  
20 position, and look forward to you single-handedly  
21 solving the problems with Adult Protective Services.  
22 And with that, I turn it back to my Chair.

23 CHAIRPERSON DeBLASIO: Thank you,  
24 Chair Arroyo. I think it's excellent that you ended  
25 on that point and now if Commissioner Doar doesn't

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2 say anything, we can hold him to that.

3 So, I'm glad that he is committed to  
4 solving all the problems single-handedly.

5 Again, the Public Advocate has really  
6 led the way on this, and we thank her. We now  
7 welcome remarks from Betsy Gotbaum.

8 PUBLIC ADVOCATE GOTBAUM: Good  
9 afternoon, Mr. Doar. Nice to see you. I, too, would  
10 like to say how pleased I am the Commissioner has  
11 taken on this extraordinary task, and I'm also  
12 pleased to say that he came to my office and we had  
13 a very good session and we talked about this  
14 particular issue, so I'm looking forward to his  
15 testimony.

16 I think as many of you in this room  
17 know, this is an issue, a particular concern of  
18 mine, and particularly because we know that this  
19 population is going to increase by, I don't know,  
20 many, many, many hundreds of thousands at some point  
21 soon.

22 So, we need to get a handle on it  
23 right now, and I think the Commissioner said he's  
24 dedicated to doing this. I certainly am, and I know  
25 most people in this room are, too.

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2 So, Commissioner Doar, thank you  
3 again, for your optimistic suggestions about how we  
4 can move forward.

5 CHAIRPERSON DeBLASIO: Thank you,  
6 Public Advocate.

7 And, Commissioner, we always try and  
8 open on a reasonably positive note, but you will  
9 definitely hear in the questioning a number of very  
10 deep concerns. So, I don't want our polite demeanor  
11 to fool you. There are some things that we are  
12 extremely concerned about, about this agency, but  
13 obviously want to give you a chance to give your  
14 version of what's going on.

15 Let me say, before you do, first of  
16 all a programming note. A lot of you realize the  
17 City budget will be voted tomorrow, and until the  
18 ink is dry tomorrow there's still a lot of  
19 individual details being sorted through.

20 So, Chair Arroyo and I and our  
21 colleagues from time to time may be moving in and  
22 out of the room because of issues that are coming up  
23 in that process, and obviously some people have  
24 other hearings they have to be at as well. So, just  
25 no disrespect intended, it just tis the season.

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2 I want to welcome, again, Annabel  
3 Palma. I welcomed her before, just left, walked out  
4 of the room, but it's okay, I didn't take it  
5 personal. Annabel Palma from the General Welfare  
6 Committee, of course Gale Brewer from the General  
7 Welfare Committee, and Aging, and Council Member  
8 Vinnie Gentile, of the Aging Committee, welcome all.

9 I just want to also say, as Chair  
10 Arroyo said, we depend so much on the work of the  
11 folks who prepare us for these hearings. I want to  
12 thank Molly Murphy and Freya Riel, of the General  
13 Welfare Committee staff, and Aaron Feinstein and  
14 Veronica McNeil of the Finance Division, and Chris  
15 Sartori and Shauneequa Owusu of the Aging staff. We  
16 thank you all for your energy and efforts to prepare  
17 for today's hearing.

18 And now we welcome testimony of  
19 Commissioner Doar.

20 COMMISSIONER DOAR: Thank you,  
21 Chairperson DeBlasio. And good afternoon,  
22 Chairperson Arroyo, Public Advocate Gotbaum and  
23 members of the Aging and General Welfare Committees.

24 I am pleased to be here today to talk  
25 with you about the Adult Protective Services

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2 Program. And also with me today is Lin Saberski,  
3 Deputy Commissioner of APS, since 1998.

4 HRA has over a decade of experience  
5 in helping families achieve self-sufficiency through  
6 personal responsibility. This is an important ethic,  
7 but for many elderly and disabled persons, we need  
8 to recognize that this is frequently not attainable  
9 and all of our support is needed so that the frail  
10 elderly can safely remain in the community as  
11 independently as possible.

12 APS cannot take on this  
13 responsibility alone, but we are a critical  
14 component of a broad network of service providers  
15 that is likely to grow in the future.

16 Before I mention some of our  
17 initiatives, I think it is important to first  
18 recognize that with regard to the State and federal  
19 governments, there is presently little directive or  
20 financial support for this critical set of services.

21 There is no national strategy on the  
22 prevention and prosecution of elder abuse that  
23 supports the capacity and training needs of this  
24 complex system. At the federal level there is a  
25 total of \$7 million available nationally in the



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2 Older Americans Act for Protective Services, which  
3 is primarily used for media campaigns.

4               The federal funds we use from the  
5 Social Services Block Grant compete against the  
6 interests of 26 other allowable social services that  
7 the State could choose to fund. We support efforts  
8 to pass legislation that would create such a  
9 structure, but even with the passage by Congress  
10 there is no funding to implement the legislation and  
11 its admirable goal of creating not only a dedicated  
12 funding stream for APS, but technical assistance and  
13 other support to state as well.

14               To further compound the lack of a  
15 national strategy, although New York State has  
16 steadily increased its support of APS through the  
17 provision of additional training for staff, State  
18 funding does not yet cover all of the training  
19 provided for new caseworkers.

20               The current Adult Protective Services  
21 caseload, including the 900 cases served by  
22 contract, is approximately 7,220 individuals. This  
23 is an increase of 68 percent since January 2002. The  
24 total budget for Fiscal Year 2008 is 42.4 million,  
25 which includes funding for 458 APS staff.

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2 APS provides services to adults who  
3 need protection from themselves or others, due to  
4 mental and physical impairments, and have no one to  
5 responsibly assist them. A majority of APS clients  
6 suffer from mental and physical illnesses, are  
7 socially isolated and live in poverty, although we  
8 do serve all income levels. Roughly 40 percent of  
9 APS clients are under 60. This younger clients are  
10 especially likely to suffer from severe mental  
11 illness, abuse substances and aggressively resist  
12 our assistance.

13 Further significant challenges arise  
14 from the fact that 50 percent of clients accepted  
15 for services are facing eviction when referred.

16 Clients are referred to us through  
17 the Central Intake Unit, which is the first level of  
18 screening. Referrals are accepted if, based on the  
19 intake interview, the client appears to meet the APS  
20 eligibility criteria. When Central Intake determines  
21 that a client emergency exists, a visit will be made  
22 as soon as possible, and no later than 24 hours  
23 after referral. When necessary calls are routed by  
24 Central Intake directly to 911. Non-emergency  
25 referrals are visited within three working days from

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2 referral. Less than ten percent of APS clients seek  
3 our services voluntarily. Family and friends, the  
4 Housing Court, City Marshals, the New York City  
5 Housing Authority, hospitals, home care and home  
6 health care agencies and community-based  
7 organizations, are the most frequent referrers. When  
8 their interventions have reached the limit of the  
9 voluntary services they offer, they turn to APS.

10 After intake, clients are visited at  
11 home by APS caseworkers who complete a full  
12 assessment of mental, physical, social, and  
13 environmental risks.

14 To ensure that their information is  
15 accurate and complete, they work with the referral  
16 source, landlords, neighbors and family members. In  
17 determining eligibility, APS must weight a client's  
18 ability to protect themselves from harm against  
19 their right to self-determination, which means  
20 something different for each and every client.

21 These decisions are particularly  
22 difficult when referrals include allegations of  
23 abuse, neglect or financial exploitation. The  
24 allegations are very hard to substantiate, because  
25 clients frequently deny them.

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2                   Once a client is found eligible, the  
3 first step in most cases is to request an evaluation  
4 by an HRA Office of Health and Mental Health  
5 psychiatrist to evaluate the extent of the mental  
6 and/or physical impairments observed during the  
7 assessment.

8                   Our mandate in every case is to  
9 utilize the least intrusive measures to enable each  
10 eligible client to remain safely in the community  
11 with the highest level of independence possible.

12                  The starting point is always to seek  
13 the client's cooperation in pursuing service plan  
14 implementation, but this can be a lengthy process.

15                  Although all APS clients are at risk,  
16 in many cases the risk is not acute. Many are in a  
17 downward spiral and will need to be persuaded over  
18 time to accept our help. Absent client consent, we  
19 have only a limited number of options available. We  
20 can apply to become the representative payee for a  
21 client's Social Security benefits, and then pay  
22 their monthly expenses. For all other involuntary  
23 services, APS works through the Court system. When  
24 clients refuse to access to our caseworkers, we can  
25 petition the Supreme Court for an Order to Gain

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2 Access, executed with the help of the police, an  
3 agency psychiatrist, and a locksmith.

4 We also work with the Court system in  
5 obtaining protection for the many clients facing  
6 eviction by petitioning Housing Court for  
7 appointment of Guardians ad Litem.

8 If all other interventions have been  
9 unsuccessful, and a client lacks capacity to  
10 appreciate the nature of the risks they are facing,  
11 APS petitions the Supreme Court for appointment of a  
12 Community Guardian.

13 The Community Guardian is then  
14 charged with the responsibility to make decisions  
15 regarding the client's personal and property  
16 interests. APS has made increasing use of Community  
17 Guardianship to assist clients lacking capacity who  
18 are at risk of eviction.

19 In fact, in 2006, 40 percent of  
20 Community Guardianship cases involved an eviction.

21 To give you a better sense of the  
22 daily job of a caseworker on a given day, you will  
23 find APS staff trying to convince a client whose  
24 apartment is filled from floor to ceiling with  
25 papers and debris to consent to a heavy duty

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2 cleaning; or persuading an elderly client with  
3 Alzheimer's Disease to open the door so that  
4 allegations of neglect can be investigated; or  
5 explaining to a developmentally disabled 50 year old  
6 whose life-long caretaker has just passed away that  
7 they don't own their apartment and they will have to  
8 relocate, because they can no longer afford the  
9 rent.

10                   These are just a few examples of  
11 people in crisis for whom APS caseworkers attempt to  
12 advocate, often facing uncooperative neighbors,  
13 dangerous dogs, abandoned buildings, bedbug  
14 infestation and threats from clients and abusers in  
15 the process.

16                   As our program has grown and matured,  
17 we have learned through experience that our success  
18 in resolving the risks faced by our clients comes  
19 only with collaboration. Our Borough Offices meet  
20 regularly with the New York City Housing Authority  
21 social work staff to discuss shared clients.  
22 Meetings are also held with Department for the Aging  
23 service providers and their Elder Abuse contractors.  
24 In addition, a written protocol is currently being  
25 developed by our two agencies to jointly investigate

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2 abuse and neglect allegations. For close to a  
3 decade, APS liaisons have been present in Housing  
4 Court to assist with APS referrals. We also work  
5 closely with the District Attorney's Offices, the  
6 police, and the Department of Health and Mental  
7 Health mobile Crisis Teams and intensive case  
8 management services.

9                   In addition, we regularly hold  
10 meetings with community-based organizations.  
11 Especially critical are the conversations with  
12 hospital social workers to ensure discharge plans  
13 are appropriate and safe for APS clients.

14                   In looking to the future, there are  
15 several key areas that I want to focus on, including  
16 making sure we have enough staff to do the job, and  
17 that they are well trained, that we maximize  
18 resources and become as efficient as possible.

19                   Following are some of the key  
20 initiatives in these areas:

21                   A necessary first step to ensure  
22 adequate staffing is to ensure adequate staffing.  
23 Fifty-two case workers, 32 that are newly created  
24 staff positions, will complete their training at the  
25 end of this month. We have also taken steps to

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2 ensure that hiring for APS takes place three times  
3 annually, following immediately by training. This  
4 will minimize lag time in filling vacancies and  
5 enable new workers to become productive as soon as  
6 possible.

7 Training has also been redesigned and  
8 expanded to 30 days. We have incorporated many of  
9 the State's core competencies into our curriculum,  
10 and added location-based trainers who will provide  
11 extra support to our newest members.

12 Finally, to better support Manhattan  
13 staff and clients in the borough that has grown the  
14 fastest over the last two years, we are dividing the  
15 Manhattan Borough Office into two offices, each with  
16 its own director.

17 Having the necessary staff on board  
18 is only one part of the equation. Maximizing  
19 efficiency is another. With State input and  
20 approval, we have developed a special initiative  
21 called the preventive service program to call for  
22 stable clients. These individuals are visited  
23 quarterly by our staff and by a designated contact  
24 person from the community during the other months,  
25 who is then called by APS for an update. Most also



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2 receive financial management and/or home care  
3 services. With fewer visits needed, a caseworker can  
4 manage a caseload of 55 preventive service clients.

5 Infrequently, when a client becomes  
6 unstable, they then are reassigned to the regular  
7 unit. The program started three years ago and now is  
8 close to 600 clients.

9 Roughly one-third of referrals to ACS  
10 come from the Department of Investigation, which has  
11 oversight of the New York City Marshals. Marshals,  
12 through DOI, refer when they are preparing to  
13 execute a warrant of eviction, and believe, based on  
14 information from landlords, that the individual may  
15 be eligible for APS services.

16 In December of last year, a pilot to  
17 screen referrals from DOI at our Central Intake Unit  
18 was initiated. This came in response to statistics  
19 consistently reflecting that only ten percent of DOI  
20 referrals were determined eligible after assessment.

21 Unlike other referrals to APS, these  
22 had not been screened at CIU previously because the  
23 information provided in the referrals was so  
24 minimal, the screening was not feasible.

25 To support the pilot, the Housing

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2 Court has given APS access to their database, which  
3 provides significant information about the legal  
4 process facing these clients.

5 The pilot has just been completed.

6 And outcome data shows that 52 percent of DOI  
7 referrals to Manhattan are being determined  
8 ineligible at intake, based on the APS criteria,  
9 saving valuable field time, enabling staff resources  
10 to focus on eligible clients. This pilot will soon  
11 be expanded Citywide.

12 Efficiencies have also been achieved  
13 through the use of liaisons for services both inside  
14 and outside HRA, to ensure that requests for  
15 benefits and services are carefully tracked and  
16 promptly addressed.

17 Liaisons are in place for home care,  
18 Medicaid, rental assistance, as well as the District  
19 Attorneys' Offices and the Guardians ad Litem.

20 We are also planning to use  
21 specialized staff to monitor heavy-duty cleanings  
22 and prepare the documents needed to apply for  
23 services.

24 These changes will enable caseworkers  
25 to spend more time actively assisting clients.

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2                   Finally, protocols are under  
3 development to expedite home care services for APS  
4 clients on hospital discharge, to standardized  
5 referrals to APS by home health care agencies, so  
6 the replacement services can be arranged as soon as  
7 possible, and to ensure that hospitals share medical  
8 information with APS.

9                   APS is constantly seeking to improve  
10 service delivery and overall efficiency, and we have  
11 been, and will continue to be open to suggestions  
12 from others, including the Public Advocate, City  
13 Council members, and the union. We believe that  
14 there is more that could be done to assist in our  
15 efforts and as part of our State Legislative Agenda,  
16 we have requested the mandatory reporting of elder  
17 abuse and establishment of a State Central Registry.

18                   We are seeking to determine better  
19 ways to identify mentally impaired, disabled elderly  
20 persons at the beginning of eviction proceedings  
21 rather than later in the process, and make sure that  
22 they know about valuable rental assistance programs  
23 that could help avoid eviction.

24                   Also, we want to make sure that all  
25 of our social services workers are safe and have put

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2 forward legislation that would make assaulting a  
3 social service worker a felony.

4 In looking to the future, we know  
5 that the City's population in general is growing,  
6 and the elderly population is expected to increase  
7 by almost 50 percent by 2030, the Baby Boomers age.

8 The APS population overall is  
9 particularly affected by the high cost of housing in  
10 New York, which adds another dimension to this  
11 expected population surge.

12 The lack of solid framework and  
13 supports at federal and State levels places the bulk  
14 of responsibility with the protection of the APS  
15 population on the City. This creates a challenge to  
16 develop a model APS system now that will meet the  
17 needs of our growing and increasingly complex  
18 program.

19 This resulting system will need to be  
20 a Citywide initiative, that draws upon and  
21 strengthens the present collaborations between HRA  
22 and other government agencies and the courts and our  
23 non-profit provider community.

24 Thank you for your time, and I look  
25 forward to your questions and guidance regarding

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2 this important program. And I very much appreciate  
3 the fact that you have brought to attention the  
4 seriousness of this important area.

5 CHAIRPERSON DeBLASIO: Well, thank  
6 you, Commissioner. And as usual, I appreciate that  
7 your testimony is not suggesting that we're all  
8 living in a rose garden here and everything is  
9 perfect. We obviously have real challenges, and I  
10 think we all find it easier to work with someone who  
11 doesn't try and tell us that our concerns are  
12 invalid or that we're seeing things, and so I can  
13 see clearly in your testimony that you're  
14 recognizing some substantial things that need to  
15 change.

16 Now, let me also note with  
17 appreciation your openness to working with everyone  
18 here, and as you say also the union. I do want to  
19 just remind you when something doesn't involve you  
20 but does involve a sister agency, of the unfortunate  
21 situation recently with ACS trying to do a major  
22 reorganization without having thorough discussions  
23 with the union, which I thought was bad form, and it  
24 proved to be agreed by all authorities involved that  
25 it was bad form, and it was rolled back and started

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2 over, but more to the point, the point I made to  
3 Commissioner Mattingly here in this room is, every  
4 leader of an agency is sort of captain of the ship  
5 and has the responsibility for the morale and the  
6 sense among their team members that they're all part  
7 of something important, and making changes and  
8 making improvements that constantly involve the  
9 ideas and the concerns of the people who do the work  
10 I think is the way to go. And I think the absence of  
11 that kind of input suggests to people that their  
12 ideas don't matter and that doesn't create morale,  
13 that doesn't create a better product for the people  
14 we're trying to serve.

15                   So, I'm glad that you're saying it  
16 from the beginning, and I want to always encourage  
17 you to work with the union and obviously to talk to  
18 as many individual front-line workers as possible as  
19 you make changes.

20                   Commissioner, let me begin with a  
21 couple of questions. I know my colleagues have a  
22 number of questions, as well. But the one that jumps  
23 off the page to me is, we had a figure on your  
24 current caseload that was a little bit less, but you  
25 note also that you included in your number, you have

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2 7,220 people, and that includes 900 cases served by  
3 contract. I'm still astounded by this number, and I  
4 appreciate -- let me just clarify, I don't want it  
5 to be a high number, I'd like it to be zero. That's  
6 not the real world we're living in with 8 million  
7 plus people. So, I'm trying to start from the point  
8 of reality, how many people need this service  
9 validly who can help. And, again, as you pointed out  
10 when you talked about the preventative element of  
11 the work, every one we get to at the right time,  
12 we're potentially in a position to really make a  
13 profound impact and stop decline in their life or  
14 stop negative things from happening, or stop  
15 additional public services that have to be given  
16 later and more intensely.

17                   So, if we say that the whole concept  
18 of APS is progressive and in many ways preventative  
19 by nature, we would want to get to everyone who is  
20 truly in need. I don't understand for the life of me  
21 how in January 2002 it could only have been 4,000  
22 people, or even today 7,200, it just doesn't stand  
23 to reason to me that that could encompass all the  
24 people under the categories we're talking about who  
25 would have a need, unless we assume they're all

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2 being taken care of by someone else, and I just  
3 can't see how that's numerically possible. Could you  
4 speak to that?

5 COMMISSIONER DOAR: Well, I think that  
6 part of that issue is that we're talking about folks  
7 who first have to acknowledge or accept the  
8 assistance we're trying to provide, and I think in  
9 many, many cases we have very, very, very  
10 independent proud people who may not on first  
11 instances want to agree that they need the kind of  
12 services that APS provides. I think that's a big  
13 part of the ingredient.

14 Lin, do you want to add anything to  
15 that?

16 DEPUTY COMMISSIONER SABERSKI: No, I  
17 think that --

18 CHAIRPERSON DeBLASIO: Please  
19 introduce yourself formally.

20 DEPUTY COMMISSIONER SABERSKI: Lin  
21 Saberski, Deputy Commissioner of Adult Protective  
22 Services.

23 I just want to echo what the  
24 Commissioner said. I think that is correct. As he  
25 stated in his testimony, the right to

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2 self-determination for adults is a very important  
3 aspect of doing APS work. Unlike with children, you  
4 can't just take adults and mandate that they do  
5 something, unless there is a finding of a lack of  
6 capacity by a court. So, it's a very high burden.

7 CHAIRPERSON DeBLASIO: And I  
8 appreciate that's part of the problem. Again, even  
9 with that very much respected as a factor, I still  
10 can't believe that this is the actual number, and it  
11 suggests to me that we are not getting to a lot of  
12 people who truly could be helped, and it also  
13 suggests to me that we're still turning down  
14 referrals at a very high rate, maybe not  
15 appropriately.

16 So, I guess what I'd like to know, as  
17 you've looked at the agency, I know you've looked  
18 over all of HRA, as you've come in, but how certain  
19 are you that the acceptance rate reflects the  
20 appropriate numbers and how certain are you that  
21 people are being turned down for the right reasons?

22 COMMISSIONER DOAR: I think it's  
23 something that I definitely want to constantly  
24 monitor and look at. I think the extent to which we  
25 were having to deal with referrals, to a large

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2 extent due to the eviction, the previous DOI  
3 process, were taking up a lot of time and effort for  
4 cases that were clearly not eligible. I hope that  
5 will allow us to take a better, closer and more  
6 accurate review of the cases that are going to be  
7 determined eligible.

8                   You know, I took a very close look at  
9 the Public Advocate, as she mentioned, at her  
10 report, and the issue of failing to accept people  
11 that were truly eligible did not come up there, but  
12 it's something we have to constantly look at.

13                   And we're not, you know, there are  
14 lots of services available to senior citizens, or  
15 folks who are frail and elderly that are not quite  
16 APS, so it's not like we're the only game in town, I  
17 think everyone acknowledges that, for helping people  
18 who are older and in need of services. So, the  
19 number is small, but we're dealing with the most  
20 acute cases. The DFTA numbers, the numbers of people  
21 that are going to senior centers, those are larger.  
22 I think it's important not to confuse these two  
23 groups of potential clients of government services.

24                   CHAIRPERSON DeBLASIO: I guess I'm  
25 going to dwell on this one more moment and then I

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2 want to talk to you about --

3 COMMISSIONER DOAR: Can I just say one  
4 more thing to you? I'm sorry.

5 CHAIRPERSON DeBLASIO: Yes, I'm sorry.

6 COMMISSIONER DOAR: I don't want to  
7 disregard your question. We don't want to turn away  
8 people that shouldn't get APS services. And, so, we  
9 are cognizant of that issue, because that would be a  
10 serious matter.

11 CHAIRPERSON DeBLASIO: And in the  
12 statistics you give on the DOI referrals, and other  
13 statistics for the rate of acceptance of cases being  
14 somewhere around 40 percent of the number referred,  
15 clearly, this is not a dynamic where it is likely if  
16 your case gets referred that you are going to end up  
17 getting services from APS. I'm not value judging.  
18 I'm just saying as a factual matter there is  
19 evidence here that you're not likely to have that  
20 follow-through. And that begins to make me wonder,  
21 is it chicken or egg here, because the reality is,  
22 and we're looking across the whole work of social  
23 services that we do here in the City, there is a lot  
24 of reasons a lot of people are not getting benefits.  
25 We've talked about it with food stamps, we've talked

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2 about it with the WeCare Program, and some of it is  
3 absolutely the choice of the potential clients. No  
4 one should ever ignore that fact, and some of it is  
5 just basic communication issues, whether because of  
6 different languages or just because people don't get  
7 the full story about what might be available to  
8 them.

9 But at the same time, the rapid  
10 growth in a number of people on food stamps is a  
11 testament to the fact that if we change some of our  
12 approach, we can often reach people in a different  
13 way.

14 You and I have talked about with the  
15 WeCare Program, for example, when I don't think any  
16 of us is satisfied that we're reaching enough people  
17 there, in terms of SSI and employment opportunities,  
18 but I look now in this are, and I see such a small  
19 number of New Yorkers, and I particularly wonder  
20 about the people who might be eligible for SSI,  
21 Medicaid and food stamps, and I feel like we're  
22 really missing an incredible opportunity here.

23 So, I guess I just want your sense of  
24 how are you studying what happens if fewer than half  
25 the cases get accepted? What are we learning about

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2 why that's happening, and what are we learning about  
3 the people who need the help, but for whatever  
4 reason, aren't coming to APS or aren't getting  
5 referred to APS; what are we doing to understand the  
6 universe of people in need who could benefit from  
7 APS?

8 COMMISSIONER DOAR: Lin wants to  
9 answer on the question of percentage accepted and  
10 referral.

11 DEPUTY COMMISSIONER SABERSKI: One  
12 important point is to look at, you know, there are  
13 two stages, the central intake point and then in the  
14 borough offices. At central intake, we accept  
15 roughly 87 percent of the referrals, because we have  
16 to err on the side of caution if there is any chance  
17 that a person might be eligible, we must accept at  
18 intake. So, part of the reason for the lower  
19 percentage rate in the borough offices that we  
20 over-accept at intake, and that's a very high accept  
21 rate.

22 And we do monitor the accept rate  
23 internally. We do regular reviews, and what we have  
24 found is that by and large we are finding that these  
25 decisions are sound, that the documentation that

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2 supports them is in the record, and that the clients  
3 that we are rejecting don't meet eligibility  
4 criteria. It's a regular review that we do because  
5 this is the most important indicator, beyond making  
6 timely visits for people first referred, is making  
7 sure that you don't turn away people who should be  
8 accepted.

9 CHAIRPERSON DeBLASIO: Well, 87  
10 percent, if I heard you correctly, that is a  
11 provisional acceptance because --

12 DEPUTY COMMISSIONER SABERSKI:  
13 Correct.

14 CHAIRPERSON DeBLASIO: Because you  
15 give them the benefit.

16 DEPUTY COMMISSIONER SABERSKI: Right.

17 CHAIRPERSON DeBLASIO: That does not  
18 really reflect what the numbers look like after  
19 you've fully looked at each case.

20 DEPUTY COMMISSIONER SABERSKI: Right.

21 CHAIRPERSON DeBLASIO: And I'm not  
22 even saying the whole discussion should be is it  
23 right or wrong that your acceptance level is what it  
24 is of the cases that have been presented to you. I'm  
25 also asking, are we even dealing with the right

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2 universe? Because there is no question in the other  
3 examples I used, which is not about your part of the  
4 agency, but the Commissioner certainly understands  
5 both of them, there is a large universe of people  
6 who are not getting a service they are eligible for.  
7 We found ways, in one case, to profoundly change  
8 those numbers for the better, in another case we're  
9 still working on it, and I'm wondering about the  
10 universe here. And also, bluntly, and there is a lot  
11 of people in this room who know a lot more about  
12 this than I, I think a lot of them have made clear  
13 to my staff that the agency does not have a  
14 particularly good reputation among the people it's  
15 serving. And that's not a reflection on you or the  
16 front-line workers. I think a lot of people are  
17 doing good work, but I think, and I'd love you to  
18 speak to it, because, again, sometimes there may be  
19 a bad reputation for objective reasons, like, you  
20 know, you're trying to deal with very sensitive  
21 personal dynamics.

22 But I guess what I'm hearing as a lot  
23 of evidence and a lot of indicators, that a lot of  
24 people who need it are either not hearing about it,  
25 not getting referred to it, not getting accepted,

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2 not getting the kind of experience that would  
3 encourage people to come in. And I think there is a  
4 great value policy-wise in getting people in the  
5 door, particularly for the part of your services  
6 that has to do with getting the benefits that they  
7 may rightfully have coming to them. So, could you  
8 speak to that?

9 COMMISSIONER DOAR: Well, I would like  
10 to say one thing, Council Member, is that we'll  
11 monitor and listen carefully to the testimony and  
12 continue to take input, and listen and be responsive  
13 to issues or concerns or facts that are brought to  
14 our attention by a variety of others on this issue.

15 The only thing I want to point out is  
16 that it's very possible that folks who we're talking  
17 about who were not accepted for APS, are also  
18 receiving these other benefits that you mention,  
19 whether it's Medicare or Home Care or SSI. So, APS  
20 is not the gateway to the rest, sometimes we're the  
21 last stop after these other forms of services have  
22 turned out not to be sufficiently helpful to the  
23 client. I just want to make that point.

24 CHAIRPERSON DeBLASIO: No, that's very  
25 fair. And I always stand by the fact that, and you



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2 have I have respectfully debated this point, whether  
3 it's 200, 300, 400, 500,000 people who should be on  
4 food stamps, and numerically, factually qualify and  
5 aren't on food stamps. There's plenty to go around,  
6 so my suspicion is both points are true, that some  
7 people are not getting APS services but do have  
8 benefits, might need other elements of what to do,  
9 and other people I bet truly would need those  
10 benefits, and you would be the best place for that  
11 to happen.

12 But I'm looking for your holistic  
13 answer. Neither one of you has said everything is  
14 perfect. But I also don't hear you speaking to sort  
15 of the recent history and the culture of the  
16 institution and the fact that the numbers have been  
17 surprisingly low over time and what do we need to do  
18 more fundamentally to -- I almost feel like to  
19 reintroduce the services to the people who could  
20 benefit, because I'm sure you're not telling me  
21 there are, you know, plenty of New Yorkers with lots  
22 of support and lots of family members helping out.  
23 I'm sure you would agree there is unfortunately more  
24 and more people for whom the family ties are falling  
25 apart and they're ending up on their own in all the

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2 age categories.

3 COMMISSIONER DOAR: I want to look at  
4 it very carefully, but I do want -- I think we're  
5 going to come back to the issue of personal  
6 decision-making process by folks who feel they don't  
7 necessarily need the kind of services that APS  
8 provides.

9 It's not like food stamps or other  
10 kinds of programs that are given in a way that  
11 allows folks to take advantage, but doesn't  
12 necessarily come with restrictions on spending  
13 habits or behavior, or people coming into their  
14 homes.

15 So, I will look at it. I will  
16 definitely look at it, but we do, I think on a daily  
17 basis, HRA workers are dealing with people who are  
18 in need of help but don't necessarily want to admit  
19 they need all the help that APS provides.

20 CHAIRPERSON DeBLASIO: You're too  
21 decent a person to badger, but Commissioner, page  
22 three of your testimony, do you believe that there  
23 are only 7,220 individuals in New York City who  
24 rightfully need the services your agency provide and  
25 who fit the criteria for receiving those services?

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2 COMMISSIONER DOAR: No. I don't know  
3 that certainly on any given -- I don't know what the  
4 number is. I want to go look at this issue and look  
5 at that.

6 That's what I want to do. I want to  
7 listen to what is said today, I want to continue to  
8 receive information, I want to talk to Lin and HRA  
9 staff. But you know, it's very possible that the  
10 agency could be constrained by State, local, federal  
11 laws about what we can force upon people that don't  
12 want to admit that they are not capable of caring  
13 for themselves.

14 CHAIRPERSON DeBLASIO: And I respect  
15 that. I appreciate that your answer began with a no.  
16 Because I think it stands to reason that that could  
17 not possibly be the number. What I would ask of you  
18 is two things; one, to help us over time, and I know  
19 you are a research-minded person, and that you look  
20 at empirical evidence, and we need that, we all need  
21 to do that --

22 COMMISSIONER DOAR: Yes.

23 CHAIRPERSON DeBLASIO: To look at what  
24 the actual number might be of those who literally  
25 fit your definitions of being eligible for the

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2 services, and then to do what I think is the smart  
3 policy thing for all of us to do, to work backwards  
4 and say, what new approaches can we take to make  
5 people more willing to engage?

6                   We all understand there is a certain  
7 number of people in all endeavors of social service  
8 who will never engage. We've got that. But, you  
9 know, is it, how we're approaching people, is it the  
10 number of caseworkers, the training of caseworkers,  
11 the way we relate to community organizations, are we  
12 doing everything we can to make the services  
13 understandable, positive, accessible, to find ways  
14 to dispel whatever myths or misunderstandings, to  
15 work with people who might be able to intervene in  
16 individual cases, to open the mind of the individual  
17 involved to taking the services? Are we doing that?

18                   And I'm coming from the position, not  
19 that you need a whole lot of more business and we're  
20 all here to generate a bigger social service  
21 apparatus, I come from the position that when you  
22 engage the individual, you are not only positively  
23 affecting their life, but you're ultimately going to  
24 get ahead of problems and do something that's in the  
25 taxpayers interests.

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2 COMMISSIONER DOAR: And I think, I  
3 should have mentioned that there is a bigger  
4 discussion going on with the State and the City,  
5 which the City is very much involved in, involving  
6 long-term care point of entry, that Deputy Mayor  
7 Gibbs is very focused on as well, that looks at the  
8 whole array of services that might be available to  
9 seniors, short of APS, that may ought to be,  
10 certainly ought to be evaluated in a way that gives  
11 people a better sense of everything that's available  
12 to them, and that might include a case management  
13 type of approach that's short of APS case  
14 management.

15 So, maybe that's what we're talking  
16 by each other, because --

17 CHAIRPERSON DeBLASIO: No, I think  
18 that's perfectly valid. And no one is wedded to  
19 people getting what they need in one location in  
20 another. I think we're all open to whatever gets the  
21 job done. But I think bluntly, and you'll hear it  
22 from a lot of people in this room, I don't even  
23 think we feel like we're at the launching point for  
24 getting the job done, because there is not even an  
25 understanding of the population we're trying to help

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2 and understanding why we're reaching so few people.

3                   So, by no means are we saying APS is  
4 the only solution. I think we'd all like to start  
5 with a common language of what the problem is and  
6 what to do.

7                   Before turning to Chair Arroyo, I  
8 just want to welcome Council Member Jessica Lappin,  
9 and Council Member and Dr. Matthew Eugene, and now  
10 Chair Maria Arroyo.

11                   CHAIRPERSON ARROYO: Thank you, Mr.  
12 Chair. And I'm not going to badger at all.

13                   Two things jump out at me, and I'll  
14 focus on that and then leave room for my colleagues  
15 to ask questions, because I know that there is a  
16 lot.

17                   First, in terms of eligibility or the  
18 cases that are deemed not eligible, you indicate  
19 that ten percent of the cases that are referred by  
20 -- I lost my page here-- DOI are determined  
21 ineligible at intake, 52 percent are deemed  
22 ineligible at intake, it seems to me that maybe we  
23 don't have an understanding of what it is that makes  
24 an individual eligible. And if we're receiving  
25 referrals from DFTA from DOI, from landlords, who

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2 are not social workers, who are not individuals who  
3 have a full understanding of what APS services are  
4 supposed to provide, then what can we do to better  
5 prepare those that are making these referrals to  
6 understand what inappropriate referrals is to begin  
7 with.

8                   Because I think if on the front end  
9 we have a better understanding of what we can expect  
10 APS to provide, then we can find other means and/or  
11 resources to get services to seniors. And it seems  
12 throughout eligibility and ineligible individuals  
13 becomes a problem. The Public Advocate's report  
14 points to the number of individuals that are deemed  
15 ineligible, and what are the reasons that make them  
16 ineligible.

17                   And for us, on the ground level  
18 providing services for the advocates, for the  
19 service providers, for the individuals that are  
20 making these referrals, maybe we need to spend some  
21 time helping them understand what makes an  
22 individual eligible for the service.

23                   COMMISSIONER DOAR: I agree with that.

24                   Lin, just give a sense of the kind of  
25 cases that are referred, or had been referred in the

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2 past from the Marshals on eviction that are  
3 determined ineligible.

4 DEPUTY COMMISSIONER SABERSKI: Right.

5 The DOI Marshals, when they refer to APS, are  
6 getting their information secondhand from landlords  
7 who are also getting it secondhand, probably haven't  
8 seen this person, so it's very, very general. They  
9 will make a referral that says the person receives  
10 SSI, or that the person appears elderly. So, that's  
11 the reason for the ten percent rejection rate. These  
12 are generally speaking not APS-type clients, but  
13 these landlords are mandated to notify the Marshal  
14 if anyone appears that they might need special  
15 assistance before the eviction is carried out.

16 So, they're doing what they're  
17 supposed to do, and that's why we have instituted  
18 the screening on our part with the help of Housing  
19 Court to do a little better what we're doing on the  
20 intake.

21 One of the legislative pieces that is  
22 pending is to help identify to the Housing Court  
23 more quickly, you know, sooner in the process of the  
24 litigation, who needs special assistance and might  
25 be eligible for APS, because that's where the



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2 referrals should come, is at the very start of the  
3 Housing Court proceeding, and not after a warrant of  
4 eviction issues. So, the legislation is attempting  
5 to address that issue.

6 CHAIRPERSON ARROYO: And on the second  
7 point is, in your testimony you referred to the  
8 State and Federal leadership and support for APS,  
9 and there are issues there. What is the agency  
10 doing, or the City doing, what do we need to do to  
11 help bridge whatever gap seems to exist?

12 COMMISSIONER DOAR: Well, think about  
13 it from a perspective of someone who has been  
14 involved in lots of social service programs, the  
15 Child Support Enforcement Program or the Cash  
16 Assistance Welfare Program, or the Medicaid Program  
17 or the Food Stamp Program, each one of those have  
18 very elaborate structures in the State and Federal  
19 governments that provide funding, guidance,  
20 leadership, set rules and regulations, they are not  
21 always successfully acknowledged, sometimes the  
22 guidance we get isn't always the right one, but  
23 there is a very intense involvement of the three  
24 governmental partners. Here APS at the local level,  
25 whether it's in New York City or Chitauqua County, is

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2 pretty much all by itself. There is no State

3 Director of APS, as far as I mean someone who is

4 really focused on it and has a lot of funding

5 available, or at the federal level.

6 So, my view is that that is a really

7 big issue that I look for your help and support in

8 trying to get a greater recognition of this issue at

9 higher government levels.

10 CHAIRPERSON ARROYO: Okay.

11 Madam Public Advocate.

12 PUBLIC ADVOCATE GOTBAUM: Yes, just to

13 continue on that line, the fact that there is only

14 \$7 million available; is that correct, in the

15 federal government, for the entire country?

16 DEPUTY COMMISSIONER SABERSKI: Yes.

17 PUBLIC ADVOCATE GOTBAUM: Well, we

18 certainly commit ourselves to helping you do

19 anything about that disgraceful number, because

20 clearly it's completely inadequate.

21 A couple of things that I wanted to

22 ask, I noticed in your testimony, you said that 40

23 percent of the people served by ACS are people under

24 60. And I think we discussed this, Commissioner,

25 when you and I talked, but I just wanted to ask you

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2 a couple of questions.

3                   Is there any way that that population  
4 is, or can be separated from the elderly population,  
5 in terms of caseworkers who work for them, the  
6 training those caseworkers have? It seems to be  
7 different populations there, that have very  
8 different needs and very different kinds of case  
9 work.

10                   COMMISSIONER DOAR: I think it's  
11 something worth considering. There is no question  
12 that different clients have different needs and  
13 different services need to be provided to them,  
14 depending on kind of where they fall in the  
15 capability spectrum.

16                   I'm not sure that an age distinction  
17 necessarily is the right one. I think what Lin has  
18 done is move toward breaking the caseload into  
19 critical or acute and folks who can use, not have  
20 quite the kind of intensive oversight in an effort  
21 to achieve the proper care for the person. That is  
22 the way I think we should go as this caseload grows,  
23 but I don't disagree that because of the age  
24 difference, maybe that's another way of doing it  
25 that might be just as effective. I want to look at

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2 that.

3 PUBLIC ADVOCATE GOTBAUM: And is there  
4 a differentiation in the training of the  
5 caseworkers? I guess everybody pretty much get the  
6 same training?

7 DEPUTY COMMISSIONER SABERSKI: There  
8 is no differentiation in terms of who gets trained  
9 on what, but we do certainly address special issues  
10 that relate to aging, like Alzheimer's Disease, and  
11 we'll also look at special skills for engaging  
12 resistant clients, which applies more to the younger  
13 clients than the elderly.

14 PUBLIC ADVOCATE GOTBAUM: I see.

15 I was very pleased to see that you  
16 saw the increase in cases in the Borough of  
17 Manhattan, that you increased your attention there,  
18 and I think that's a good positive step.

19 How are we doing on getting laptops  
20 and blackberries and cell phones? And I think, even  
21 though we're talking about getting rid of cars,  
22 certainly for those caseworkers that have to go  
23 inter-borough, or have to go distances, is there any  
24 attempt to do that?

25 COMMISSIONER DOAR: Well, let me start

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2 with phones. Lin has brought this to my attention,  
3 and you did in your report, and we're addressing  
4 that. We are going to make sure that APS caseworkers  
5 have the ability to communicate using a phone, a  
6 City-issued phone, should they want one. And not  
7 shared. So, we're addressing that.

8 Laptops is a more complicated issue,  
9 and I think, Lin, you want to address laptops?

10 DEPUTY COMMISSIONER SABERSKI: Yes.

11 COMMISSIONER DOAR: And cars as well  
12 is another subject matter.

13 But I want to say that from my  
14 perspective, it's those sort of things that are  
15 symptomatic of the fact that APS is located in a  
16 large agency which has other big demands on it, and  
17 sometimes the demands of a very important and  
18 crucial and essential service, but smaller, based on  
19 the caseload, doesn't get the attention it deserves,  
20 and I'm trying to bring that attention to it.

21 Lin, you want to mention that?

22 DEPUTY COMMISSIONER SABERSKI: You had  
23 asked about laptops. Our IT team is working now on a  
24 new system for APS. They're going to build it from  
25 scratch, and one of the issues that we're analyzing

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2 in that context is these probably have something  
3 like hand-held devices. Laptops I think would  
4 probably be a little more intrusive than we like for  
5 the clients.

6 PUBLIC ADVOCATE GOTBAUM: Whatever you  
7 do is fine with me.

8 DEPUTY COMMISSIONER SABERSKI: We are  
9 looking at whether handhelds would work, and it's a  
10 good idea.

11 PUBLIC ADVOCATE GOTBAUM: And I think,  
12 Commissioner, we appreciate that comment, and it's  
13 just for that reason that we are so passionate and  
14 committed to helping you, keeping on your case about  
15 making sure that this small, and it is a very small  
16 population, which as we've all noted is going to get  
17 bigger and bigger.

18 I was particularly interested that  
19 you said your PSP Program on page eight -- can you  
20 describe that a little bit more? That seems to be  
21 answering a bit of the question -- it seems to be  
22 answering the question that Council Member DeBlasio  
23 had that how are we trying to keep those people from  
24 getting into the APS system in the first instance,  
25 but also making sure that those who may be coming

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2 eligible get that.

3 DEPUTY COMMISSIONER SABERSKI: Right.

4 The PSP program is designed for people who come into

5 APS with risk, they're facing risks when they come

6 in, they're not stable, but through various services

7 that we offer, we are able to alleviate the risks.

8 For example, someone might come in facing eviction.

9 What we would do is assuming they could pay the rent

10 going forward, apply for a back-rent grant, pay the

11 rent that's owing, apply for financial management

12 going forward, so we get their social security

13 benefit, and we pay their rent, we pay their other

14 monthly expenses going forward.

15 If they remain stable for six months,

16 it has to be a minimum six months before we consider

17 a transfer to that program, we'll move them to a PSP

18 unit. So, they've come in with a risk, we've

19 resolved the risk, we've watched the person, they're

20 not declining, they're stable, they're probably

21 getting financial management, they may also be

22 getting home care. Most of the PSP clients are

23 getting one or both of those services, and then

24 they'll remain pretty indefinitely with APS so that

25 we can continue to provide those services.

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2 PUBLIC ADVOCATE GOTBAUM: It seems to  
3 me that that is a very good program, and in a way of  
4 perhaps ultimately saving some money, so if there is  
5 some way we can try to persuade the State or Federal  
6 Government, this would be a very positive way,  
7 efficient way of saving money and perhaps helping a  
8 population, and I would personally be very  
9 interested in helping you.

10 Just one last question. I was very  
11 interested to see that you mentioned specialized  
12 staff be monitoring the cleaning of apartments. That  
13 was also, for those of you who don't know, a  
14 particular issue of mine, that wasting caseworkers'  
15 time, sitting around the apartment.

16 COMMISSIONER DOAR: Good point.

17 PUBLIC ADVOCATE GOTBAUM: So, thank  
18 you for mentioning it. But can you elaborate a  
19 little bit on that, please?

20 COMMISSIONER DOAR: Well, the concern  
21 is, is that when it's necessary to do a full-fledged  
22 cleaning of an apartment or a residence where an APS  
23 client resides, that caseworkers who have a  
24 sufficient level, a significant level of training,  
25 and ability, and other cases to be concerned about,



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2 are required, I think for good reasons, to be there  
3 while the cleaning is taking place. They have  
4 developed a relationship with the client, and the  
5 client maybe feels more comfortable in having them  
6 there while the cleaning takes place.

7 But it's a lot of time. And it's a  
8 lot of time that could be used otherwise. So, we are  
9 going to identify staff resources that are not quite  
10 at the caseworker status that could serve that role.

11 I don't think we want to not have  
12 someone there while the cleaning is taking place,  
13 although -- I don't think we should do that. So,  
14 we're going to do this other, which I think should  
15 relieve the caseworker.

16 PUBLIC ADVOCATE GOTBAUM: Good. Thank  
17 you.

18 Thank you. I'm finished.

19 CHAIRPERSON ARROYO: We have a couple  
20 of members that have joined us. Council Member Helen  
21 Foster from the Bronx, who is both a member of the  
22 Aging and the General Welfare Committee. Council  
23 Member Kendall Stewart, who is a member of the  
24 Committee on Aging, and I wanted to ask, something  
25 occurred to me as you were describing the services

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2 of financial management, that you take over the  
3 payment of this individual's rent. Do we know how  
4 many individuals' income just don't cover the rent  
5 and that is the reason why they are facing eviction?

6 How many individuals come to APS with  
7 the financial resources that are just not, does not  
8 allow them to meet their living need?

9 DEPUTY COMMISSIONER SABERSKI: We  
10 don't have a number for that. It does happen. What  
11 we do in the first instance in those cases is we do  
12 look to see if we can find any family that is  
13 willing to contribute and do a third party  
14 arrangement. And I mean, there are situations where  
15 we do, somebody is going to have to move, it does  
16 happen. There isn't a resource that we have  
17 available to pay ongoing stipends for rent. I mean,  
18 we'll take advantage of SCRIE and DRIE for the  
19 elderly or disabled to reduce their rent increases,  
20 but the situation is typically where they were  
21 sharing the cost of the apartment with someone who  
22 passed away and there just isn't the money there.

23 CHAIRPERSON ARROYO: Okay, I don't  
24 want to tie us up in a conversation at this hearing,  
25 but certainly if you can provide us with that

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2 information, the numbers, because I think that begs  
3 a different question, separate and apart from the  
4 services APS can provide, and certainly this hearing  
5 is not the place to have that discussion, but it  
6 raises a great deal of concern for me, in terms of  
7 what happens then for this individual who is  
8 probably just not able to because they don't have  
9 the resources, not because they're not able to  
10 manage their finances.

11 Council Member Brewer has a few  
12 questions.

13 COUNCIL MEMBER BREWER: Thank you very  
14 much. First of all, I owe you a phone call,  
15 Commissioner, I'm mortified.

16 Number two, Deborah Holtenigh  
17 (phonetic) is terrific. I just want to say that. She  
18 helps us all the time as your Manhattan Director.  
19 And then my next question is, just picking up on the  
20 Public Advocate, I think because of the real estate  
21 market, we have a huge number of hoarders and I know  
22 you talked about lots more cleaning, but is there  
23 any kind of special task force? This is more than  
24 just cleaning. It's an ongoing process. It stays  
25 clean for awhile and then it goes back to what it

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2 was. I'm a hoarder, so I know. Everybody knows I'm a  
3 hoarder.

4 My question is, it is heavily the  
5 real estate market at least in Manhattan, because  
6 for years we were able to conceal ourselves, and now  
7 because of the pressure of landlords wanting to get  
8 people out, there's a reason that landlords use to  
9 do that.

10 So, we obviously want to keep people  
11 in their apartment and I know in my wonderful office  
12 was Alva Rodriguez and Anne Cunningham and others  
13 were often doing the cleaning ourselves.

14 So, what are you going to do about  
15 the hoarder situation?

16 DEPUTY COMMISSIONER SABERSKI: I mean,  
17 I think you're correct, hoarding is a particularly  
18 difficult situation for us to handle for anybody to  
19 address, because with our clients, you know, it is  
20 reflective of an illness.

21 COUNCIL MEMBER BREWER: Oliver  
22 Koppell, he said he's a hoarder, too.

23 Go ahead. I'm joking. I'm just  
24 letting you know. I'm joking, but it's very serious.  
25 I'm having fun with it, but I'm serious.

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2 DEPUTY COMMISSIONER SABERSKI: I was  
3 very careful to say with our clients.

4 COUNCIL MEMBER BREWER: Yes.

5 DEPUTY COMMISSIONER SABERSKI: But we  
6 do provide special training on hoarding. There are  
7 special symposiums offered, which our staff attend.  
8 And this could be one of the types of cases as we  
9 look into where we might need specialized units to  
10 address special issues, this would be something that  
11 would probably be a good candidate to look at within  
12 that context, because it really does take special  
13 skills, and it's an intensive process. It's not just  
14 straightforward case management.

15 PUBLIC ADVOCATE GOTBAUM: You give us  
16 the address and time of that training, we'll make  
17 sure the Councilwoman gets it.

18 COUNCIL MEMBER BREWER: I know some  
19 clients graduate from APS under the assumption that  
20 they no longer need it, but many come back to our  
21 office for more help. How do you determine when a  
22 case is no longer applicable, and can they come back  
23 for help?

24 DEPUTY COMMISSIONER SABERSKI: Yes.  
25 There is no limit on reapplying for assistance. You

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2 know, we try to apply the eligibility criteria as  
3 uniformly as possible. It's very subjective,  
4 obviously, whether someone is at risk, has the  
5 capacity to address the risk, but there is no time  
6 line, there is no limit on being rereferred by  
7 someone else or referring yourself.

8 COUNCIL MEMBER BREWER: I know you've  
9 been working with the Housing Court sharing  
10 databases and so on, which is really helpful. I was  
11 just wondering what percentage of your caseload is  
12 eviction cases, and I assume, but I don't know for  
13 sure, that that number is growing. And I just was  
14 wondering, again, the specific resources you have to  
15 deal with clients at risk of eviction, how many  
16 housing specialists? You know, how do you work with  
17 this very challenging, trying to keep people in  
18 their apartments, and unfortunately you have a lot  
19 of real estate situations going against you.

20 DEPUTY COMMISSIONER SABERSKI: Roughly  
21 one-third of the referrals come from DOI the  
22 Marshals. Those are all eviction. And if you look at  
23 the under care caseload, which is those cases that  
24 have been accepted, a full 50 percent of the active  
25 under care caseload of accepted clients had eviction

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2 units when they were -- sorry, eviction issues when  
3 they were referred.

4 Most of the evictions are  
5 non-payment. That's overwhelming majority of  
6 evictions. And, so, the application through HRA for  
7 back rent grant, we've done already over 1,000 this  
8 fiscal year. We're very successful with the back  
9 rent grants and financial management going forward,  
10 and the Guardians ad Litem. Those three services are  
11 the most frequent that we will implement when a  
12 client is facing eviction.

13 COUNCIL MEMBER BREWER: Do you have  
14 some sense and numbers as to how many of the clients  
15 were able to stay in their housing, how many had to  
16 find alternative, how many ended up getting evicted,  
17 or do you have those numbers?

18 DEPUTY COMMISSIONER SABERSKI: Right  
19 now we don't have those numbers. Those are the first  
20 numbers I want to get into the new system as we  
21 bring it on line, because they are critical. You're  
22 absolutely right.

23 COUNCIL MEMBER BREWER: And do you  
24 also know, sometimes the same thing with Con Ed, we  
25 do get a lot of people complaining that the Con Ed

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2 is being shut off and there is a challenge there  
3 also; do you have those numbers?

4 DEPUTY COMMISSIONER SABERSKI: No. We  
5 don't have those numbers. As long as we know that a  
6 cutoff is threatened, we can address that. The  
7 problem is that these notices very often go to the  
8 clients. We visit once a month in most cases, and so  
9 if they got a notice and didn't tell us, we don't  
10 know, because this might be someone whose money  
11 we're not managing. But if we are paying the  
12 financial management, there shouldn't be any issues  
13 with the cutoff.

14 COUNCIL MEMBER BREWER: Okay. The  
15 other thing I had mentioned earlier was the concept  
16 of coordination with other agencies; how do you do  
17 that?

18 I mean, I know NYCHA makes us a  
19 little upset because people who are living in our  
20 wonderful developments, they are paying a certain  
21 percentage of income, they're constantly, NYCHA,  
22 sending eviction notices to your clients. So, I'm  
23 wondering, do you coordinate?

24 DEPUTY COMMISSIONER SABERSKI: We do.  
25 We actually send NYCHA every month a list of clients



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2 who are receiving financial management services  
3 through APS, and they have agreed not to send  
4 eviction notices to those clients.

5 COUNCIL MEMBER BREWER: When did they  
6 agree to that?

7 DEPUTY COMMISSIONER SABERSKI: Several  
8 years ago.

9 COUNCIL MEMBER BREWER: Something  
10 happened. Do you, like, share databases or  
11 something?

12 DEPUTY COMMISSIONER SABERSKI: Yes, we  
13 do. We send them a list.

14 COUNCIL MEMBER BREWER: Could we pull  
15 that database? Could we like -- that's not working.

16 DEPUTY COMMISSIONER SABERSKI: Okay.  
17 We're meeting with them next month, so we will take  
18 that back.

19 COUNCIL MEMBER BREWER: Commissioner,  
20 I mean --

21 COMMISSIONER DOAR: I got it. I got  
22 it. I'm on it.

23 COUNCIL MEMBER BREWER: Okay. And then  
24 how do you -- I won't get into it anymore. How do  
25 you work with community-based organizations? Is

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2 there a book? Is there like a case book of  
3 community-based organizations that could be helpful?  
4 Because sometimes these CBOs could really work with  
5 your clients.

6 DEPUTY COMMISSIONER SABERSKI: We  
7 welcome that. We have a community resource guy that  
8 we developed in 2005, and also a housing resource  
9 guide, and we try to keep them both as up-to-date as  
10 possible.

11 COUNCIL MEMBER BREWER: So, they're  
12 like guide books. And they could be on line if you  
13 did like a tablet or something like that. I'm for  
14 the laptops either, they're too heavy. Something  
15 that could have that info.

16 DEPUTY COMMISSIONER SABERSKI: Right.  
17 That's the way it will be --

18 COUNCIL MEMBER BREWER: Paul Cospeth  
19 (phonetic) can do that for you.

20 All right, thank you very much.

21 CHAIRPERSON DeBLASIO: Thank you,  
22 Council member.

23 Now we have a question from Council  
24 Member Stewart.

25 COUNCIL MEMBER STEWART: Thank you,

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2 Mr. Chair.

3 Commissioner, I wanted to find out if  
4 you do coordinate with SSI Administration, in terms  
5 of what you're doing for seniors? Because I found  
6 that something is -- I'll give an example. A senior  
7 was given an opportunity to go to stay at a relative  
8 in another State for two months, all expenses paid,  
9 and when the Administration knows about that, they  
10 then made an adjustment as to whatever allowance  
11 they get from Social Security office, and that means  
12 now that there is a reduction in the allowance and  
13 they can't meet their payments.

14 You just mentioned awhile ago that  
15 you may assist in rent. Do you coordinate that with  
16 Social Security so that at least they know, and  
17 they're not going to be deducting from that  
18 allowance that they give to the client? Do you  
19 understand what I'm saying?

20 DEPUTY COMMISSIONER SABERSKI: I'm not  
21 100 percent clear.

22 COUNCIL MEMBER STEWART: All right.  
23 Some clients, they get Social Security from the  
24 Administration, and if they're given -- every so  
25 often they have to be interviewed, and asked if they

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2 got anything from a relative or anything from  
3 anybody, and if they do and they admit to that,  
4 there is an adjustment. I'm saying is there a  
5 regular coordination?

6 COMMISSIONER DOAR: Is there any  
7 sharing of information automatically.

8 COUNCIL MEMBER STEWART: Right.

9 DEPUTY COMMISSIONER SABERSKI: No.

10 COUNCIL MEMBER STEWART: There is no  
11 sharing of information?

12 COMMISSIONER DOAR: Not from APS.

13 COUNCIL MEMBER STEWART: It does mean  
14 now that I think there should be sharing of  
15 information, because sometimes the client goes in  
16 for a face-to-face with this Administration, and  
17 they ask these questions, where were you? Did you  
18 travel? Sometimes they get a trip from a cousin or a  
19 nephew to the Caribbean, you have to bring in that  
20 travel voucher to show what monies were spent, and  
21 they calculate the time they spent overseas or  
22 wherever, as long as they're not in the State, and  
23 that is being calculated and that has to be repaid.  
24 So, I'm trying to figure out, how do you handle a  
25 situation like that?

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2 COMMISSIONER DOAR: Well, we do have a  
3 broader relationship with SSA that goes far beyond  
4 APS, in the fact that we, in the welfare world, for  
5 instance, many folks who are disabled or have a  
6 disability issue apply for SSI benefits for  
7 disability. And we have periodic meetings with them,  
8 and I would be happy to talk to them, and talk to  
9 you some other time about this particular issue so  
10 that we can try to find a way to protect people from  
11 unnecessary interruptions of their benefits. In the  
12 case of APS, it's certainly not because we're  
13 disclosing to SSA information about clients'  
14 benefits.

15 COUNCIL MEMBER STEWART: Right. That  
16 goes without saying. If you also ask, or made a  
17 statement that said you try to see if you can get  
18 relatives who might be able to help, and sometimes a  
19 relative is reluctant to disclose that information  
20 or even deal with that, because if the SSA knows  
21 about that, they then make a readjustment in terms  
22 of their calculations also. So, I just want you to  
23 be aware of that.

24 COMMISSIONER DOAR: Okay. Okay. That's  
25 a fair point.

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2 COUNCIL MEMBER STEWART: I don't know  
3 if this question was asked before, but what are the  
4 current qualifications for newly hired caseworkers?

5 COMMISSIONER DOAR: It was not asked.

6 And do you want to answer that?

7 DEPUTY COMMISSIONER SABERSKI: For  
8 Adult Protective Services, we require a college  
9 education, which is a basic case worker requirement.  
10 But in addition, we require credits or experience in  
11 a related field. So, we do have additional  
12 qualifications, required on top of the generic  
13 caseworker requirements for the City --

14 COUNCIL MEMBER STEWART: When you say  
15 a college education, you know, that's kind of broad.  
16 Is it kind of an Associate Degree, Bachelor's  
17 Degree, Master's Degree? What is it?

18 DEPUTY COMMISSIONER SABERSKI: A  
19 Bachelor's Degree.

20 COUNCIL MEMBER STEWART: A Bachelor's  
21 Degree in social work? In what field?

22 DEPUTY COMMISSIONER SABERSKI: A  
23 Bachelor's Degree can be in any field. But what we  
24 do require is 24 credits that are in a related  
25 field. Twenty-four of the credits in a related field

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2 or 12 in one discipline. Twelve of those in one  
3 discipline.

4 COUNCIL MEMBER STEWART: And if one is  
5 hired with a Bachelor's Degree, and may not have met  
6 all those credits, you have some type of training  
7 that they go through to deal with a case?

8 In other words, what I'm saying,  
9 there are a lot of folks with a Bachelor's Degree,  
10 they may have a Bachelor's Degree in Mathematics,  
11 but that doesn't mean that you qualify to deal with  
12 seniors.

13 DEPUTY COMMISSIONER SABERSKI: Right.  
14 I mean, anyone who meets the basic criteria for the  
15 caseworker position, we provide additional training  
16 once we hire them.

17 COUNCIL MEMBER STEWART: In terms of  
18 the paperwork, I don't know if this was answered,  
19 what, if anything, are you doing to reduce paperwork  
20 that the caseworker has to go through?

21 DEPUTY COMMISSIONER SABERSKI: What  
22 we've done already is, the automated system that we  
23 have in place now has what we call "e-forms" as part  
24 of it, so that all the forms can be generated  
25 directly from your own PC at your desk, and the

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2 parts that relate to the client you're working on,  
3 your name, address, all the repetitive information,  
4 is put in automatically, so you don't have to repeat  
5 that.

6 We're also looking at having some of  
7 the community associates who we expect to be doing  
8 the heavy duty cleanings, to do more of the filling  
9 out of applications and documents that are necessary  
10 to apply for services, because I don't think we need  
11 caseworkers to be doing all of that.

12 COUNCIL MEMBER STEWART: In other  
13 words, you're saying all the information that one  
14 would need to handle a case would have been there,  
15 that client would have gone for let's say food  
16 stamps, or any other of the social services that we  
17 provide?

18 DEPUTY COMMISSIONER SABERSKI: The  
19 forms that we have on line are the specific APS  
20 forms, for example, on line for a Guardian ad Litem  
21 or Community Guardian, for food stamps we have to  
22 use the same forms that everybody else uses.

23 COUNCIL MEMBER STEWART: All right.  
24 Thank you.

25 Thank you, Mr. Chair.



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2 CHAIRPERSON DeBLASIO: Thank you,  
3 Council Member.

4 Now we have questions from Council  
5 Member Helen Foster.

6 COUNCIL MEMBER FOSTER: Thank you.  
7 Good afternoon.

8 What I was sitting here thinking of  
9 is, especially when Council Member Brewer was  
10 talking, is what we can do to be proactive so that  
11 we can maybe identify signs. Like, you know, I think  
12 I'm not a hoarder because I have two parents that  
13 are a hoarder. They've lived in the same house for  
14 40 something years. Like my dad, he still has the  
15 suit he marched in from Sellman and Montgomery, and  
16 probably can fit it, which is a whole 'nother story.  
17 But what can we do, or is there an in-service or a  
18 reaching out that you can do to community-based  
19 organizations?

20 Churches. I know that, especially in  
21 the black community, if seniors go nowhere, they're  
22 going to church, and that is kind of the first mark.  
23 You know, the church ladies will know if someone  
24 looks a little off, or if anything like that.

25 For example, I have a Senior Council

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2 meeting monthly in my office. These are most likely  
3 the seniors that won't need your service but know  
4 others that may. So, is there a type of in-service  
5 at what to look for? How to potentially address  
6 hoarding issues before it gets, you know, too bad?

7 COMMISSIONER DOAR: Well, I want to  
8 say to Lin and say to you that I think we have some  
9 materials that are available, but I don't know that  
10 we get out from behind our desks at HRA at the  
11 senior level and go out and talk to community groups  
12 and Council Member staff about what we have  
13 available, and I don't know it's as well known as it  
14 should be, or these very, you know, they're not  
15 elementary issues. They're complicated, and I'm  
16 going to direct Lin and her staff to be more  
17 outgoing in that regard, both with themselves and  
18 with material we can put on the Internet and on the  
19 website. But with regard to the specific issue about  
20 hoarding, I'm going to have to ask Lin to answer if  
21 we've got any specific material.

22 DEPUTY COMMISSIONER SABERSKI: As I  
23 said, the training does include issues about  
24 hoarding, and we recently had one of the community  
25 service providers approach us and ask if they could

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2 present material about hoarding, because they  
3 specialize in that issue, and we've agreed to do  
4 that. So, we're hoping to do that in all of our  
5 borough offices very soon.

6                   So, we're very open always to offers  
7 with people from specialized knowledge and areas  
8 like that. And we do frequently go, you know,  
9 whenever somebody, a community-based organization  
10 asks APS, one of our borough offices, to come and  
11 make a presentation to their staff, we're more than  
12 happy to do that. If someone asks to come in and  
13 present to our staff, we do that as well.

14                   COUNCIL MEMBER FOSTER: I just think  
15 that it's an opportunity to get the information kind  
16 of at the source, be it in senior meetings, or,  
17 again, the churches are big in terms of seniors,  
18 that that type of information, and I don't know that  
19 people know to ask for it, to say, hey, why don't we  
20 do this, and I just think if we can start making  
21 people more aware at the earliest level, that  
22 hopefully by the time, hopefully it won't get to  
23 you, but if it does, then we have people that kind  
24 of can see the signs and can do it and do it early  
25 on.

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2 COMMISSIONER DOAR: It's a good idea.

3 COUNCIL MEMBER FOSTER: Thank you.

4 CHAIRPERSON DeBLASIO: Thank you.

5 I want to take you back through a  
6 couple of other issues, and then Chair Arroyo might  
7 have some concluding questions, or the Public  
8 Advocate. Let me raise one other statistic which I  
9 think frames the extent of the problem, because  
10 we've talked about this question of what is the real  
11 universe of people we should be reaching. We got our  
12 statistics from the Council of Senior Centers and  
13 Senior Services of New York City earlier, and tell  
14 me if you agree with this statistic. Thirty-one  
15 percent of older men and 45 percent of older women  
16 live alone in New York City. So, I find that a  
17 really striking statistic in terms of the potential  
18 need and potential universe, 31 percent of older  
19 men, 45 percent of older women.

20 And also that New York City's elderly  
21 poverty rate is approximately 20 percent, is double  
22 the national average of approximately ten percent.  
23 So, I just want to put the first thing first, that  
24 putting those two statistics together suggests a  
25 substantial group of people in need. Do you in any

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2 way disagree with those statistics?

3 COMMISSIONER DOAR: I don't question  
4 those statistics. I don't have any comment on either  
5 one of them. I believe they are both correct, but I  
6 don't know, and I acknowledge the point you're  
7 making, and I think you know also that I think those  
8 services may not -- that those folks need are  
9 broader than necessarily APS.

10 CHAIRPERSON DeBLASIO: Right.

11 COMMISSIONER DOAR: But we're on the  
12 same page.

13 CHAIRPERSON DeBLASIO: No, I just  
14 wanted to put that out there.

15 Now, from your testimony, page six, I  
16 really want to thank you, because I think your very  
17 compassionate description of what your staff deals  
18 with, you point out the apartment filled from floor  
19 to ceiling, or someone with Alzheimer's Disease that  
20 you have to try and reason with, or telling someone  
21 that their caretaker has passed away, these are  
22 extremely difficult circumstances. Talk to me about  
23 what you think the current morale is, the level of  
24 morale among the workers who do this difficult work.

25 COMMISSIONER DOAR: Well, here is what

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2 I know: the new class of APS workers who are going  
3 through training, I went up to speak to them, on I  
4 think their fourth day or early in the training, and  
5 was at APS and went around and talked to folks. I  
6 think that the -- I don't want to sugarcoat it, I  
7 think they appreciated me coming and I think they  
8 sense possibly that there are opportunities for  
9 change and greater attention, but this is a hard  
10 job, and these are difficult challenges. So, I think  
11 it's -- I want to say that it's improving, but we  
12 need to keep working on it, and we need to keep  
13 reminding them and each other of the very, very  
14 important work that they do for the City of New  
15 York, and for people who are really in need, and how  
16 greatly we appreciate it.

17 CHAIRPERSON DeBLASIO: And I assume,  
18 we're just going to interpret your remarks to say  
19 there are morale challenges, and they're very  
20 objective, based on the kind of work, and I would  
21 assume none of these workers is being luxuriently  
22 paid or given lots of perks, so, talk to me about  
23 the current attrition level.

24 COMMISSIONER DOAR: Lin briefed me  
25 before this, I think she said it was ten percent a

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2 year.

3 DEPUTY COMMISSIONER SABERSKI: Right.

4 CHAIRPERSON DeBLASIO: Do you consider

5 that high? Do you consider that normal for social

6 services? What do you think of that?

7 COMMISSIONER DOAR: I want to go talk

8 to the people in Personnel at HRA and compare it to

9 the rest of HRA, but it's possible that it's higher  
10 than the rest of HRA. I would bet it is.

11 CHAIRPERSON DeBLASIO: And, again, we

12 are thankful to you and to the Mayor that there is

13 additional money for caseworkers in the budget, but

14 is it in fact just allowing us to keep up with

15 attrition, or are we making any net gain there?

16 COMMISSIONER DOAR: I think there is a

17 gain, and I think we will begin to bring it down,

18 the caseworker to client ratio down to the ratios

19 where they should be. So, I think it is a net gain.

20 But, you know, we have to keep monitoring and

21 watching and balancing our resources appropriately

22 to where the need is greatest.

23 CHAIRPERSON DeBLASIO: The total

24 number of caseworkers again, roughly?

25 DEPUTY COMMISSIONER SABERSKI:

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2 Two-hundred and sixteen plus 32.

3 CHAIRPERSON DeBLASIO: Almost 250. And  
4 the total number of new hires?

5 DEPUTY COMMISSIONER SABERSKI:

6 Thirty-two.

7 CHAIRPERSON DeBLASIO: Thirty-two. So,  
8 it's a little more than ten percent, but my point  
9 being, even though obviously new hires mean more  
10 work, more service, obviously new hires also have a  
11 learning curve and a time to really acclimate. I'm  
12 assuming if you're essentially just replacing those  
13 lines that are open, and at any given point, you  
14 know, the reality is there is still ten percent  
15 that's not filled at any given point, you're making  
16 a type of progress but you're not making profound  
17 progress. I'm not saying that to belittle the  
18 achievement, I'm saying a managerial point that  
19 obviously, we would like to reduce that attrition  
20 level while simultaneously benefitting from the  
21 additional personnel and hopefully having them stay  
22 a long time so that that accumulated experience will  
23 mean something.

24 COMMISSIONER DOAR: I agree.

25 CHAIRPERSON DeBLASIO: I wanted to



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2 just ask you again, on the numbers of cases, just a  
3 couple of questions. Could you give us any numbers  
4 around how many cases are initially denied and then  
5 later accepted, when another referral is made or a  
6 different referral is made?

7 DEPUTY COMMISSIONER SABERSKI: I don't  
8 have recent numbers on that. We did do that analysis  
9 several years ago, and it was very small at that  
10 time.

11 CHAIRPERSON DeBLASIO: So, relatively  
12 few get accepted on a later referral?

13 DEPUTY COMMISSIONER SABERSKI:  
14 Correct.

15 CHAIRPERSON DeBLASIO: Okay.

16 DEPUTY COMMISSIONER SABERSKI: It's  
17 not unusual to have a case rereferred, but it's  
18 usually the same decision is reached the second  
19 time.

20 CHAIRPERSON DeBLASIO: Okay. And,  
21 again, that would give me a little pause, in light  
22 of the overall low numbers. And in general, as you  
23 look at your number of acceptances, versus your  
24 number of denials, you know, any analysis of what is  
25 constituting the reason for denials, breakouts of

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2 what types of cases are more readily accepted, which  
3 are more readily denied? That would be very helpful  
4 for us to see, unless you have some of those  
5 statistics now.

6 Okay, and, again, Commissioner,  
7 you've been very good about getting back to us. We  
8 always do send our letters to help jog that process  
9 along, but we would appreciate responses as quickly  
10 as possible.

11 And then you talked very honestly  
12 earlier about one of the profound problems you face  
13 of people who do not want the service at the outset,  
14 and turn it down. What about the number of people  
15 who start down the road and then turn down your  
16 services at some point along the way; is that a  
17 significant trend?

18 DEPUTY COMMISSIONER SABERSKI: No,  
19 it's usually right at the outset.

20 CHAIRPERSON DeBLASIO: All right. So,  
21 then what would be helpful for us to know is the  
22 percentage of cases that either are never opened or,  
23 you know, quickly closed, because of client refusal  
24 as opposed to other factors?

25 In other words, if the figures I

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2 roughly heard earlier were roughly correct, 40  
3 percent of cases were being accepted, you know, of  
4 the 60 percent that were not, how much of that was  
5 because a client refused as opposed to other  
6 factors.

7                   Okay, now, I just want to give you a  
8 little variety here. So, back on the issue of  
9 cleaning, which was talked about earlier by one of  
10 my colleagues. One of the things we've heard, is  
11 that there is a real sort of cost benefit analysis  
12 problem of case workers having to be present for the  
13 cleaning process which can be very time consuming  
14 and not necessarily great for people to be exposed  
15 to all of the chemicals and all that go into the  
16 cleaning process on a regular basis, but really to  
17 the point of you don't have enough people and  
18 they're trying to do a lot of work and it's  
19 difficult, is there potentially a different or  
20 better way to handle the cleaning in terms of  
21 whether the personnel has to be present, whether  
22 some other personnel could be present for that,  
23 rather than caseworkers? And tell me if I'm  
24 understanding the current protocol appropriately.

25                   COMMISSIONER DOAR: Well, I think I

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2 mentioned earlier that we are intent on making it so  
3 that caseworkers don't have to be present at the  
4 cleaning.

5 CHAIRPERSON DeBLASIO: Okay. I'm sorry  
6 if I missed that.

7 So, you're saying that you will, on a  
8 policy level, disconnect those two pieces?

9 COMMISSIONER DOAR: It is our  
10 intention to do that, and we will make that happen.  
11 There will be an HRA employee present at the  
12 cleaning.

13 CHAIRPERSON DeBLASIO: Right.

14 COMMISSIONER DOAR: But it may not be  
15 a caseworker.

16 CHAIRPERSON DeBLASIO: Excellent. That  
17 is good news.

18 Okay, now, just I think you've made  
19 clear that you wanted, and let me just go a little  
20 bit back over something, just make sure I got it  
21 right, you're clear the number of folks you're  
22 bringing in now, the new hires, we've talked about  
23 the attrition rate, we've talked about wanting to  
24 bring caseloads down, do you -- just to clarify, do  
25 you have a goal, a caseload goal, and obviously in

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2 the case of ACS recently we spent a lot of time  
3 talking about a goal and talk about how to get to  
4 it, and we understand that is often an elusive, an  
5 elusive effort to get the caseload where you want on  
6 a consistent basis, but I just want to understand  
7 what your goal is.

8 COMMISSIONER DOAR: Well, I think it  
9 depends on the type of case. I think in the  
10 testimony I gave, we talked about the cases that are  
11 less acute, this kind of case that doesn't require  
12 the intensive services, the caseload, the caseworker  
13 to case ratio is about 55. For the typical or the  
14 traditional case, more acute issues, I think that  
15 the goal that the State has set, it's not us, it's  
16 25. So, that's the ball park of the two different  
17 kinds of cases. And then we have to, it seems to me,  
18 report to you and the to the public on where we are  
19 on both kinds of cases.

20 CHAIRPERSON DeBLASIO: So, your goal  
21 on the more difficult cases is the 25 to one, which  
22 is the State and I think the national standard. Are  
23 you saying that's really the goal you're trying to  
24 reach?

25 COMMISSIONER DOAR: That's the goal,

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2 the framework they expect us to be striving for.

3 CHAIRPERSON DeBLASIO: Do you have a  
4 sense of what the realistic time line to get to  
5 that? Or a goal for that?

6 COMMISSIONER DOAR: I want to get back  
7 to you on that, because I want to see exactly the  
8 casework. I want to be sure I'm right before I tell  
9 you that.

10 CHAIRPERSON DeBLASIO: I appreciate  
11 that. The Public Advocate's report was only a few  
12 months back. I do want to note that in the cases,  
13 you looked at it borough-by-borough, and the highest  
14 individual caseload, which I know can be an  
15 aberration, but I also think it tells us something,  
16 you know, in the case, the highest in the Bronx was  
17 81, the highest in Manhattan was 77, the highest in  
18 Queens was 69, you know, it seems to me that we're  
19 probably substantially off the mark. I think it's  
20 crucial to define the goal and the time line. I  
21 think that's the only way to get action. So, I would  
22 imagine few things are more damaging to morale and  
23 efficiency than more than a higher caseload.

24 Bear with me a moment. And then I  
25 know you've talked some about training and we've

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2 talked some about training. I want to just focus on  
3 one piece of training that is sort of the safety and  
4 security of the folks who do the work. Again, in  
5 ACS's case, we've talked about this a lot. I think  
6 it's time to talk about it with APS as well.

7                   The Public Advocate's Report pointed  
8 out a case of a client who told the worker, when  
9 confronted by the worker, that the client said she  
10 had a loaded gun in the apartment, and the worker  
11 was not clear what to do in that situation. How much  
12 of the training is focused on, you know, basics of  
13 safety and security and what to do in potentially  
14 dangerous situations?

15                   DEPUTY COMMISSIONER SABERSKI: We  
16 actually added into 2005 a special segment of the  
17 training called "Worker Safety," and we work with  
18 HRA Security to provide that. So, it's very  
19 important.

20                   CHAIRPERSON DeBLASIO: And what, in a  
21 nutshell what are people told to do if there is a  
22 case where they feel they are in immediate danger?

23                   DEPUTY COMMISSIONER SABERSKI: There  
24 are two options. Depending on the level of danger  
25 that they feel, they should either ask for a

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2 supervisor or another caseworker to go with them, or  
3 they should ask for the police to accompany them.  
4 And if there is any report of a loaded gun in the  
5 apartment, the instruction is to call the police  
6 immediately.

7 CHAIRPERSON DeBLASIO: To leave the  
8 scene and call the police? Or call from the place?

9 DEPUTY COMMISSIONER SABERSKI: It  
10 depends on what's happening.

11 CHAIRPERSON DeBLASIO: And, again, we  
12 asked a lot of these questions in the difficult  
13 months after the Nixzmary Brown case, and found in  
14 the case the ACS worker, that even though there was  
15 a theoretical willingness to bringing another  
16 caseworker along or to having the police escort, the  
17 reality was it was very difficult to make that  
18 happen, functionally speaking.

19 Do you have a sense of how easy or  
20 hard it is for someone, if they feel the need for  
21 that support, to actually get someone to work with  
22 them on that?

23 DEPUTY COMMISSIONER SABERSKI: I think  
24 we are successful with that by and large.

25 CHAIRPERSON DeBLASIO: Is it simply,



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2 do they go to their supervisor and ask for back-up?

3 Or how does it work?

4 DEPUTY COMMISSIONER SABERSKI: You

5 know, I would have to check with the individual

6 offices to find out exactly how they do it in each

7 case, but I know that, at earlier points in my

8 tenure, this was an issue that came to my attention

9 frequently, and it is not coming to my attention

10 now. So, I think one of the things we found was that

11 working with the crime prevention officers in the

12 precincts is very helpful, that they're really

13 oriented to exactly that kind of situation.

14 CHAIRPERSON DeBLASIO: Okay. I have

15 one more question. Again, I'm not sure if Chair

16 Arroyo, or the Public Advocate has a question. I

17 know Gale Brewer does have a couple of questions. My

18 last one is really about creating accountability

19 systems. And I think, again, your testimony

20 certainly represented a great clear interest and

21 more accountability, but you know, I remember before

22 the police had Compstat, I remember what those days

23 were like, and I remember how profoundly Compstat

24 has helped them. I'm very hopeful about ChildStat

25 over at ACS. Are you going to borrow that type of

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2 idea in some fashion for tracking cases going  
3 forward?

4 COMMISSIONER DOAR: I believe it's  
5 part of the planning for the system redesign that  
6 APS is undertaking, and certainly something that I  
7 found to be very useful in parts of HRA. So, it  
8 would be something that I would like to --

9 CHAIRPERSON DeBLASIO: Something that  
10 I know you, unlike say the ACS Commissioner have a  
11 particularly diverse set of pieces within your  
12 agency that you have to balance, but is that the  
13 kind of thing that you from time to time would  
14 personally sit in on to get a sense of what is  
15 working and what's not?

16 COMMISSIONER DOAR: Yes. Yes. Yes.

17 CHAIRPERSON DeBLASIO: Excellent.

18 Okay, I'm now going to give right of  
19 first refusal to Chair Arroyo. Any further  
20 questions?

21 CHAIRPERSON ARROYO: Yes.

22 CHAIRPERSON DeBLASIO: Yes. Chair  
23 Arroyo.

24 CHAIRPERSON ARROYO: We're going to  
25 continue to badger. Two subjects. One around staff

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2 training and the other around language capabilities.

3 The training you mentioned has been changed and

4 extended to a 30-day training. Is the same level of

5 training provided to caseworkers and assessment

6 workers? What are the qualifications for the

7 different titles? And what incentives does the

8 agency have for professional development of

9 individuals who may want to go back to school to

10 further their education? How many MSWs do you have

11 on staff? One of the things that, from the Committee

12 on Aging we tried to work on this year into the

13 budget was a scholarship for MSW students that

14 specialize in gerontology, or those who are Spanish

15 speaking, in order to get the workforce more

16 culturally appropriate to those that they serve.

17 What, if anything, around professional development,

18 besides the on-the-job training that you provide?

19 DEPUTY COMMISSIONER SABERSKI: The

20 assessment workers are our caseworkers. They work in

21 different types of unit but just to clarify what may

22 have been --

23 CHAIRPERSON ARROYO: They're not

24 different titles?

25 DEPUTY COMMISSIONER SABERSKI: They're

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2 not different titles, right. It's a functional  
3 difference, but it's all civil service caseworker  
4 title. And we actually got, working with Fordham  
5 University several years ago, a grant from the  
6 Hartford Foundation that funds credits towards a  
7 master's degree in a related field, and it's for  
8 APS, home care, and I think the AIDS Services  
9 Program are all eligible. It's small but it's a  
10 start, and we are also starting up this fall an  
11 internship program to bring social work interns into  
12 APS.

13 CHAIRPERSON ARROYO: Okay. I think we  
14 need to have more conversation around this issue.  
15 Certainly we ran into a technical problem with  
16 regard to the Initiative that we wanted to get into  
17 the budget this year, because scholarships are  
18 considered payouts and there is some kind of  
19 mechanism or restriction on the use of tax levy  
20 dollars for that. But I'm sure that through the  
21 agency there is a mechanism in place to be able to  
22 get those that are already working in the system to  
23 further their professional careers, it is something  
24 that we have a responsibility to do. I think  
25 workplace or morale in the workplace, professional

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2 development and the ability for individuals to  
3 further their education is certainly one of the  
4 factors that contribute to good employee morale. And  
5 we have a pool of individuals who certainly are  
6 deserving of consideration and some assistance from  
7 wherever we can make it happen in order for them to  
8 continue their education so that we can have a  
9 better trained workforce on all levels.

10 Now, on the issue of language, do we  
11 know what percentage of the clients don't speak  
12 English and what translation services are provided,  
13 or how many staff members are able to handle the  
14 language needs of the clients?

15 DEPUTY COMMISSIONER SABERSKI: I don't  
16 have a number for you but we do have an HRA  
17 translation service that is available to us, and in  
18 a very broad wide range of languages. So, when we  
19 need that for clients, either on the phone or in the  
20 field, we are able to access it.

21 We give preference in hiring to  
22 people who speak Spanish and Russian, because those  
23 are the two major languages that we encounter in the  
24 field.

25 CHAIRPERSON ARROYO: Okay. Now, on the

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2 collaboration with CBOs and the others that are  
3 involved in the lives of the individuals that come  
4 to APS, what kind of connection is there between the  
5 caseworker and a CBO that may be making a referral?  
6 Is there a requirement for the caseworker to get  
7 back to the CBO with status and/or outcomes of a  
8 particular case? Do they have a guidebook or  
9 something they can use? One of the complaints is  
10 that the referrals are made and then they kind of,  
11 they get lost. We don't find out what happens to the  
12 client after the referral is made.

13 DEPUTY COMMISSIONER SABERSKI: It is a  
14 requirement for the caseworker to contact the  
15 referral source. Ideally, they would speak to the  
16 referral source before they make the first home  
17 visit. That may not be possible because they just  
18 may not be able to connect by phone before the  
19 mandate of visiting within three working days  
20 passes. But it is definitely a mandate. It is  
21 something we stress in training, how they work  
22 together on an ongoing basis really depends on the  
23 relationship that that agency that's referring has  
24 with the client how much they want to stay involved.  
25 I know it's a chronic complaint, can't reach APS,

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2 caseworkers are in the field a good deal of the  
3 time, but we have -- they all have supervisor  
4 numbers on their voicemail, we have general numbers  
5 that are on the Internet. We have numbers that we  
6 think make us easy to call and get somebody who can  
7 get you in touch with somebody else.

8 CHAIRPERSON ARROYO: I guess that  
9 speaks to, what was it, the blackberries? The Public  
10 Advocate has gone. The voicemails are full, they  
11 can't accept messages. Those are things that are not  
12 impossible to overcome, and functioning from the  
13 perspective that individuals are responsible and  
14 return phone calls, of course, that we all strive to  
15 do that. And that where it is a problem where an  
16 individual is just not returning phone calls, that  
17 is a real serious concern. And certainly that is not  
18 the accusation here, but I think we need to  
19 eliminate every single barrier possible to gain  
20 access to the worker, and that is something that we  
21 need to pay close attention to.

22 I think Council Member Brewer has a  
23 few more questions, and then Council Member Stewart.

24 COUNCIL MEMBER BREWER: Thank you very  
25 much. First, thanks for your testimony. And thanks

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2 for all of the work done by the workers. We have  
3 some clients who have children. Obviously not  
4 seniors, who are on your caseload. The two that I  
5 know are in wheelchairs with grandchildren. And I'm  
6 just wondering, how do you coordinate with ACS?  
7 Maybe it's not very common. I don't know how many  
8 clients you have who have children, and how do you  
9 coordinate with ACS?

10 DEPUTY COMMISSIONER SABERSKI: It is a  
11 small number. We have special liaisons that have  
12 been identified at ACS for each of our borough  
13 offices. We met with them last year to set that up  
14 because it's a small number, but when they're there,  
15 it's very important that we be able to talk to them.

16 COUNCIL MEMBER BREWER: The other  
17 thing is, I think one of the problems which I know  
18 you are improving, is just getting payments made on  
19 time so we don't just end up with your clients in  
20 Housing Court. Is that something that you're working  
21 on and that the new system will help you do?

22 In other words, the rent has to be  
23 paid. Sometimes the client doesn't tell you that the  
24 rent is due, or the Con Ed is due, et cetera. You  
25 know, that's why you're there. But sometimes when



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2 you have the case, it still doesn't happen. So, I  
3 didn't know if a new caseload processing and  
4 whatever kinds of technology you're using will help  
5 keep track of when these payments are due? It seemed  
6 to be a chronic problem. I don't know.

7 DEPUTY COMMISSIONER SABERSKI: We get  
8 the, you know, the Social Security checks come in  
9 from Social Security Administration, and we did  
10 speed that up by arranging by electronic deposit.  
11 But it's a large number that have to be processed  
12 every month, and we are looking at our staffing in  
13 the financial management unit to see if there is a  
14 way to speed that up.

15 COUNCIL MEMBER BREWER: Okay, so  
16 that's where the problem comes in. And then the  
17 other thing is, I have had very good experience, as  
18 I have told the Commissioner, with your HRA staff in  
19 Housing Court, but the whole issue of one-shots,  
20 which are sometimes very important for your clients,  
21 and I'm just wondering what's your experience about  
22 how long they take to process? Is that something  
23 that could also be sped up? Because my guess is a  
24 lot of your clients do need what I call one shots.

25 DEPUTY COMMISSIONER SABERSKI: We have

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2 special liaisons for the one-shots, and we can get  
3 them on an emergency basis when it's absolutely  
4 needed. Otherwise the turn-around time is usually  
5 within a week to ten days, what my borough directors  
6 have told me.

7 COUNCIL MEMBER BREWER: Okay. Thank  
8 you, Mr. Chair.

9 CHAIRPERSON DeBLASIO: Council Member  
10 Stewart.

11 COUNCIL MEMBER STEWART: Thank you,  
12 sir. I want to go back to a couple of questions. One  
13 is caseloads. For JASA you have a cap for  
14 caseworkers; why is it that APS doesn't have a cap  
15 on their caseworkers?

16 DEPUTY COMMISSIONER SABERSKI: With  
17 JASA the arrangement is contractual. So, we pay them  
18 to take a specific number of cases. We can't go  
19 above that number because we're not paying them for  
20 it.

21 COUNCIL MEMBER STEWART: Right.

22 DEPUTY COMMISSIONER SABERSKI: At APS  
23 we have to take all-comers.

24 COUNCIL MEMBER STEWART: Yes. But what  
25 I'm trying to look at is a caseworker, you think a

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2 caseworker can do justice to 81 or 75 cases without  
3 a problem?

4 DEPUTY COMMISSIONER SABERSKI: No, we  
5 don't think that. That's why we've hired the  
6 additional staff.

7 COUNCIL MEMBER STEWART: What did it  
8 show in the Preliminary Budget?

9 DEPUTY COMMISSIONER SABERSKI:  
10 Thirty-two additional caseworkers is what we believe  
11 will bring the ratios into compliance with the State  
12 recommendation.

13 COUNCIL MEMBER STEWART: Which is?

14 DEPUTY COMMISSIONER SABERSKI: 25.

15 COUNCIL MEMBER STEWART: Twenty-five.  
16 So you believe that -- and how soon will you be able  
17 to hire these folks?

18 DEPUTY COMMISSIONER SABERSKI: They're  
19 already hired. And as the Commissioner said, we need  
20 to look at exactly how quickly their caseloads will  
21 build up so that we know when we'll be in compliance  
22 with the ratios.

23 COUNCIL MEMBER STEWART: On another  
24 issue, because of a lawsuit that was brought against  
25 you, what are the criteria used to make the

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2 recommendations or to have folks transferred to  
3 nursing homes. Do you have a criteria, or  
4 recommendation? What do you use to do that?

5 DEPUTY COMMISSIONER SABERSKI: The  
6 nursing homes require there's a special form that  
7 has to be filled out, and the nursing home would  
8 evaluate whether the person is eligible. It's not a  
9 decision we would make. We would talk to the client  
10 if we think it's a possibility and something that  
11 would serve them better. But it's not ultimately our  
12 decision. It's the client's decision and the nursing  
13 home's decision.

14 COUNCIL MEMBER STEWART: You say it's  
15 the client's decision, but a number of times the  
16 client cannot make a decision, or one has to make a  
17 decision.

18 DEPUTY COMMISSIONER SABERSKI: Right.

19 COUNCIL MEMBER STEWART: Who do you  
20 refer to?

21 DEPUTY COMMISSIONER SABERSKI: If a  
22 client can't make a decision, then that would be a  
23 case that would have to be referred to a Community  
24 Guardian, and they would be responsible for  
25 placement for that client. We can't do it without

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2 the client's consent.

3 CHAIRPERSON DeBLASIO: Let me just

4 jump in. The Commissioner is about to get in trouble

5 with his boss, I understand he's late for a meeting.

6 So, if the Deputy Commissioner could remain for the

7 last few questions, that would be great.

8 COMMISSIONER DOAR: I apologize.

9 CHAIRPERSON DeBLASIO: You are

10 politely dismissed. Take care, Commissioner.

11 COUNCIL MEMBER STEWART: So, what

12 you're saying is that you don't ultimately make the

13 decision whether someone is being transferred to the

14 nursing home. Do you make recommendations based on

15 what you observe, what the situation is?

16 DEPUTY COMMISSIONER SABERSKI:

17 Correct.

18 COUNCIL MEMBER STEWART: All right,

19 thank you.

20 CHAIRPERSON DeBLASIO: Thank you,

21 Council Member.

22 One last question, just to be clear.

23 We've talked about cell phones and we've talked

24 about laptops and blackberries, do your caseworkers

25 currently all have e-mail addresses; is that a

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2 standard?

3 DEPUTY COMMISSIONER SABERSKI: Yes, it

4 is.

5 CHAIRPERSON DeBLASIO: Absolutely

6 everyone?

7 DEPUTY COMMISSIONER SABERSKI: Yes.

8 CHAIRPERSON DeBLASIO: Good. And do

9 they work?

10 DEPUTY COMMISSIONER SABERSKI: Yes.

11 CHAIRPERSON DeBLASIO: Do they use

12 them? Thank you, Chair Arroyo. Is everyone up to

13 speed and using them on a regular basis?

14 DEPUTY COMMISSIONER SABERSKI: It's a

15 good question and it's an important issue. Our

16 directors actually do make sure that people use them

17 by testing. They send out e-mails and they see who

18 reads them. So, it's something we actually audit.

19 CHAIRPERSON DeBLASIO: Okay. Thank you

20 very much for your testimony and your time here with

21 us. We appreciate it. And obviously we'd like

22 written follow-up here on a number of the items that

23 were outstanding, and our Counsel will follow-up

24 with you.

25 Thank you very much.

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2 DEPUTY COMMISSIONER SABERSKI: Thank  
3 you.

4 CHAIRPERSON DeBLASIO: Our next panel.

5 Let's see now, we actually have so many people for  
6 the next panel, we may want to break it into two.

7 On, I'm sorry, no, no, that's the third panel. The  
8 next panel is perfectly sized. We have two people.

9 James Lewis, who is an APS worker, and I'm sorry, I  
10 take back James Lewis. Faye Moore, from Local 371  
11 and Wana Ulysse from Local 371. We're confused but  
12 we're still trying to help.

13 Thank you. Who would like to start?  
14 Wana.

15 MR. ULYSSE: Good afternoon. Good  
16 afternoon, Chairpersons DeBlasio, Arroyo and  
17 Committee members. Like mentioned before, I'm the  
18 Vice President of Political Action for Social  
19 Service Employees Union, Local 371, which represent  
20 caseworkers and supervisors in the Adult Protective  
21 Services.

22 We had intended today to come with  
23 workers to testify, but workers are nervous due to  
24 regards to retaliation and not feeling safe and  
25 comfortable to testify. So, once again, we are

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2 testifying on behalf of the workers that we cover.

3                   For a long time, APS has been a  
4 neglected part of HRA. It has historically been  
5 understaffed and overlooked. We believe this is a  
6 time for change.

7                   APS has a particularly difficult  
8 population to serve. The current housing crisis and  
9 aging population in various court cases have  
10 resulted in a rapidly rising caseload. Although  
11 caseloads are high throughout the City, the Boroughs  
12 of Manhattan and Brooklyn have critical situations  
13 in which high caseloads make it very difficult to  
14 provide services to clients. And one thing that I  
15 see as a common thread today, is we need more staff.  
16 We need more staff for outreach. We need more staff  
17 to do in-work, we need more staff to help in  
18 reducing the caseload, but that is the underlying  
19 issues, we need more staff.

20                   We would like to suggest important  
21 areas of improvement. The heavy-duty cleaning we had  
22 last year, had an agreement to create a pilot  
23 program to have community titles do this job,  
24 freeing up the caseworkers. But this has not moved  
25 forward as of yet.



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2                   And the issues also with heavy-duty  
3 cleaning, and the issues of the epidemic of the bed  
4 bugs. These issues are important issues for the  
5 workers, whether they're using using appropriate  
6 safety materials, the Hazmat suits, whether the  
7 chemicals affect their health, what are the  
8 chemicals that they are using, and as well as having  
9 someone else do this function while they freeze up  
10 their time to do more case management duties.  
11 There's a lot of issues with the heavy-duty  
12 cleaning, and it's the issue of safety for both the  
13 worker and the client.

14                   We've also suggested court liaisons  
15 in each borough to cut down the time the caseworkers  
16 have in courts, in regards to the Article 81, which  
17 is the Guardian cases, the application to apply for  
18 guardianship. Now, these applications are very  
19 lengthy, and when you send them over to the  
20 attorneys, they are kicked back. The workers have  
21 asked for training in how to appropriately fill out  
22 these documents. Again, it's not just training for  
23 the new workers, it's also training for the veteran  
24 staff that are there. Because we also know times are  
25 changing, the information that they require on these

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2 forms change, and they need to know what is it that  
3 they are required to put on these forms so that  
4 they're not kicked back, which lengthen the time of  
5 assistance for workers as well.

6 Also, we've also requested additional  
7 psychiatrists to be provided for evaluations, and  
8 exploring special social work units that deal with  
9 severely mentally ill clients.

10 Again, some of these clients require  
11 a specialized type of care. We have requested to  
12 have units for specialized clients, so that also  
13 will reduce the caseloads for those and just put  
14 them together and receive specialized care.

15 We also had requested training for  
16 particularly violent clients. We have violent  
17 clients in all aspects, whether you work with  
18 children or whether you work with adults.  
19 Particularly now if you have a lot of violent  
20 clients, workers are not feeling comfortable, that  
21 they are not adequately able to handle these  
22 clients, or what are they supposed to do when  
23 certain situations arise? They are constantly  
24 requesting training. One of the two biggest issues  
25 we are having is training and staffing.

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2                               So, to sum up, I welcome the City  
3 Council looking at APS and welcome its oversight. We  
4 hope to work positively with both the Council and  
5 the agency to make improvements in this vital  
6 program. The premise that we can do more with less  
7 is not working. We need training and we need more  
8 workers.

9                               CHAIRPERSON DeBLASIO: Thank you very  
10 much, Wana. We appreciate all your help in thinking  
11 about these issues, and you really helped us prepare  
12 for this hearing in many ways. And I also do think  
13 it sounds like there is some real receptivity on the  
14 heavy duty cleaning issue to making fundamental  
15 change. So, I think your advocacy is timely. I think  
16 the Commissioner is admitting that that's an area  
17 that's been particularly handled poorly and not  
18 using people's time ideally.

19                              And the other thing I want to note  
20 is, I think the points you raised about the  
21 guardianship process really do mirror a lot of  
22 things we've been talking about in terms of Family  
23 Court in terms of what happens on the ACS side, and  
24 the fact that so much time, so much caseworker time  
25 gets jammed up on things that are not actually

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2 serving people. We need to continue to sort of clear  
3 the way for caseworkers to be able to do the work  
4 they're there for and that they want to do.

5 I know Gale Brewer has a question.

6 Faye, did you have testimony, too?

7 MS. MOORE: No, I'm just here to  
8 support the question and answer part.

9 CHAIRPERSON DeBLASIO: Thank you very  
10 much.

11 Okay, Gale Brewer.

12 COUNCIL MEMBER BREWER: Thank you for  
13 your testimony. You may or may not know, we've been  
14 frustrated by the issue of bed bugs everywhere.  
15 We've had some legislation that isn't going  
16 anywhere, and I think the Administration feels that  
17 we only need to educate people.

18 So, I mention that because we could  
19 use some assistance, and there is actually a bed bug  
20 task force, and I'd love to have the union's  
21 participation. So, we could talk later about that,  
22 but I think it's education for your workers, clients  
23 and just New Yorkers in general, and I won't talk  
24 more about it, because people are sick of me talking  
25 about bed bugs. I would love to have your help, and

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2 thank you very much for mentioning it.

3 CHAIRPERSON DeBLASIO: Thank you. And  
4 now Chair Arroyo.

5 CHAIRPERSON ARROYO: Hi. Thank you for  
6 being here and for your testimony.

7 There has been additional staff hired  
8 and training has changed. Do you disagree with the  
9 numbers and the type of training? Help me on this  
10 then. Because you're asking for something that  
11 apparently has already been started.

12 MS. ULYSSE: Well, I can speak from  
13 the work I have done. I've been going on location  
14 all the last three weeks, and the workers right now  
15 are asking for training. They haven't gotten it. So,  
16 maybe it's something that's ongoing on paper, but  
17 has not come to fruition. Because the workers I've  
18 spoken to, we have some, you know, that have been in  
19 the audience that were listening to some of the  
20 testimony and they're saying it over and over again.  
21 We have not gotten this training. Even with, I'll  
22 give the example, the reason why I used the bed  
23 bugs, they're asking for training on how to  
24 appropriately wear the suit to not cause reinfection  
25 somewhere else, reinfestation somewhere else. They

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2 do not have this training. So, they may have it in  
3 the works, but I'm not prepared to say that  
4 everybody has been trained.

5 CHAIRPERSON ARROYO: So I get from  
6 your testimony that the union has not been briefed  
7 on how training has changed, or what the outline or  
8 the format of the training is for you to be able to  
9 say whether it addresses the points that you're  
10 making in your testimony.

11 MS. ULYSSE: Well, the union actually  
12 raised the issue of people going into the homes  
13 where the bedbugs are without protective gear to the  
14 agency about six months ago. We actually raised the  
15 issue and they said they would provide protective  
16 equipment, but then they didn't tell people how to  
17 use the equipment.

18 In the initial training that the new  
19 hires received, the agency just recently extended  
20 the training. The union has been telling them for  
21 years that the two-week training that they were  
22 giving APS workers was simply not enough.

23 On the hiring piece, we do have 32  
24 workers coming in but the attrition rate, the people  
25 actually leaving HRA all together is one number.

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2 There's another number of people that will transfer  
3 out of APS, committed civil servants that want to  
4 continue to provide social services on a  
5 professional level will go to another part of HRA  
6 because the work is so difficult at Adult Protective  
7 Services.

8 CHAIRPERSON ARROYO: Okay. Maybe I  
9 didn't make myself clear. Has the union had an  
10 opportunity to look at the training curriculum to  
11 see if the training portions and/or addresses the  
12 training concerns that you're raising here today.

13 MS. ULYSSE: The agency hasn't shared  
14 their more recent curriculum with us.

15 CHAIRPERSON ARROYO: Okay, thank you.  
16 That's important to know.

17 CHAIRPERSON DeBLASIO: Thank you very  
18 much again. And we appreciate the constant  
19 collaboration.

20 Oh, I'm sorry. Before I tell you  
21 about my appreciation, I will turn to Council Member  
22 Kendall Stewart.

23 COUNCIL MEMBER STEWART: Yes, I just  
24 want to follow up on what you just said. Because the  
25 Deputy Commissioner awhile ago said that 32 new

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2 staff members will be added and that will bring it  
3 into state compliance.

4 But you just mentioned that with  
5 attrition and transfer and all of that, there might  
6 be a problem. So, you think that we will need more  
7 workers, will need to have more workers lined up  
8 because of the fact that if you have attrition and  
9 transferred, it would not be 32 anymore. It would be  
10 much less than that.

11 MS. ULYSSE: I think if the  
12 Administration is as serious about improving  
13 services for adult protective services, they need to  
14 hire on a continuing ongoing basis. This way they  
15 will have enough staff to handle the current  
16 caseload. They will have staff in anticipation of a  
17 higher caseload, and they will also have staff in  
18 anticipation of attrition and transfers.

19 COUNCIL MEMBER STEWART: And would you  
20 say hiring on a continuous, you mean every year?

21 MS. ULYSSE: I think the Commissioner  
22 mentioned in his testimony they planned to hire  
23 three times in the next fiscal year. If they would  
24 look to the ACS model, ACS hires two classes, so at  
25 any given time there are two classes being trained



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2 to do child protection. APS could learn a lot by  
3 looking at that model as a way of reducing their  
4 attrition rate, their transfer and impact that the  
5 loss of staff has on the people that stay in the  
6 program.

7 COUNCIL MEMBER STEWART: And the  
8 people who leave the program, most of the time it's  
9 because of the heavy load in our caseloads, and of  
10 the fact they don't feel they've been trained  
11 properly to deal with the situations?

12 MS. ULYSSE: And also poor morale. I  
13 mean, they have a heavy caseload, they want  
14 training, they feel no one else wants to work there.  
15 They transfer out to try to find --

16 COUNCIL MEMBER STEWART: Okay. Mr.  
17 Chair, I think we need to put some heat on the  
18 Administration, make sure that what they say is what  
19 they do, because if they are not in compliance with  
20 the State regulation, we would like to force the  
21 issue on that.

22 CHAIRPERSON DeBLASIO: Well, I agree,  
23 Councilman. And this is obviously not the last time  
24 we'll visit this issue and we intend to aggressively  
25 follow-up. There are a number of answers we didn't

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2 get today, and we intend to aggressively follow-up.

3                   Again, thank you, to our friends from  
4 the union. We really appreciate the substantive help  
5 you've provided in preparing this, and we look  
6 forward to making sure with you that we get the  
7 answers we need going forward, and to continue to  
8 press for improvements in the agency. Thank you.

9                   MS. ULYSSE: Thank you.

10                   MS. MOORE: Thank you.

11                   CHAIRPERSON DeBLASIO: Now, for our  
12 next panel, it has actually grown to six people, so  
13 we're going to do it two different panels, just for  
14 logistics sake. And I will ask everyone now at this  
15 portion of the day to please summarize whenever  
16 humanly possible, rather than read testimony. And  
17 please be mindful of all the testimony we've heard  
18 to date.

19                   There is the famous phrase,  
20 "everything has been said but not everyone has said  
21 it." So, please, you know, we welcome all new  
22 contributions and we welcome you, but please, if you  
23 have written testimony that basically reiterates a  
24 lot of what we heard, we would ask for your  
25 indulgence.

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2                   The first panel, Bobbie Sackman,  
3 Council of Senior Centers and Services, Rhonda Grand  
4 of Special Services for Senior Citizens, and  
5 Kimberly Steinhagen, of the Geriatric Mental Health  
6 Alliance of New York.

7                   Okay, we welcome you. Who would like  
8 to go first? Please, in each case introduce yourself  
9 before you testify.

10                   MS. NATELSON: Good afternoon. My name  
11 is Rachel Natelson, and I'm Legal Advocate at  
12 Council of Senior Centers and Services. First, on  
13 behalf of CSCS, and the members that we serve, we'd  
14 like to thank Council Members Arroyo and DeBlasio  
15 and their respective committees for arranging the  
16 hearing. We're also grateful to HRA Commissioner  
17 Robert Doar and his staff for their participation  
18 and acknowledge the positive first steps that they  
19 have recently taken to facilitate reform at APS.

20                   More, however, can still be  
21 accomplished and we hope to work together  
22 productively to implement a range of much needed  
23 changes.

24                   As the City agency charged with  
25 protecting such vulnerable groups as the frail

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2 elderly, the mentally incapacitated, and the abused  
3 and exploited, APS is accountable for the welfare of  
4 New Yorkers most in need of social services, and  
5 least likely to obtain them without significant and  
6 intensive support.

7                   Given the agency's mandate to  
8 integrate a variety of professional disciplines and  
9 maximize the resources of a range of City agencies,  
10 good management and comprehensive training are  
11 indispensable to its successful operations. For many  
12 years, however, these qualities have been notably  
13 deficient at APS.

14                   In light of -- I'm just now going to  
15 move on to our recommendations. In light of APS's  
16 mandate to coordinate services with other public and  
17 private agencies, our chief recommendation is for  
18 the agency to strengthen its alliances with local  
19 community-based organizations. By turning to other  
20 City agencies and private social service providers,  
21 APS could enhance its training resources immensely.  
22 Such organizations offer invaluable expertise in  
23 matters ranging from eviction assistance to benefits  
24 enrollment to the sensitive treatment of hoarding  
25 and dementia.

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2                   Additionally, APS might learn from  
3 the Administration for Children's Services, an  
4 agency currently addressing similar institutional  
5 challenges. Like ACS, the Office of Adult Protective  
6 Services, could benefit from contracting out more of  
7 its services to community-based organizations, with  
8 distinct areas of expertise and additional staff  
9 capacity.

10                   Additionally, the Committees on  
11 General Welfare and Aging should expand efforts to  
12 impose caps on ACS caseload sizes in order to ensure  
13 an equally timely and comprehensive response to APS  
14 reports.

15                   Another area right for the reform is  
16 guardianship services. Since the main deficiency in  
17 APS's existing approach is the bureaucratic  
18 obstacles to timely intervention, we recommend that  
19 the agency establish a separate fast track for these  
20 proceedings. Given the immediacy of the risk that  
21 confront incapacitated adults, APS must accelerate  
22 the process by which it affords legal protection  
23 against financial exploitation, housing insecurity  
24 and other potential threats to health and well  
25 being.

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2 In addition, the agency might also  
3 advocate for the expansion of the New York Court  
4 system's Community Guardianship Program for those  
5 who have already been deemed incapacitated. Unlike  
6 individuals, non-profits can employ a range of  
7 professionals to work as a team in order to provide  
8 more comprehensive service.

9 On a related note, we feel obligated  
10 to register our concerns over the Department for the  
11 Aging's intention to replace neighborhood-based case  
12 management catchments with broader service areas, a  
13 decision that threatens to have an especially  
14 pernicious affect on APS clients, given the value of  
15 intensive personalized services in early  
16 intervention for at-risk seniors.

17 Thanks again for allowing me to  
18 testify today, and we look forward to working with  
19 you to make protective services available to the  
20 City's most vulnerable older adults.

21 MS. STEINHAGEN: Good afternoon. My  
22 name is Kim Steinhagen, and I am the Director of the  
23 Geriatric Mental Health Alliance of New York. We are  
24 an advocacy group that was formed by the Center for  
25 Policy and Advocacy of the Mental Health

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2 Associations of New York City and Westchester in  
3 January 2004, to confront the Mental Health  
4 challenges of the elder boom. We currently have  
5 2,400 members. We have work groups on policy and  
6 advocacy in New York City and in Albany. We also  
7 have consensus groups on long-term care in mental  
8 health, housing and workforce development.

9                   We sponsor a series of presentations  
10 on best practices with national experts, have  
11 co-sponsored numerous conferences and provide  
12 technical assistance service models and funding.

13                   We are also planning for the  
14 development of a training center on geriatric mental  
15 health, which would include providing training and  
16 technical assistance for non-mental health  
17 providers, such as APS workers.

18                   As you know, over the next 25 years,  
19 the number of older adults in New York City is going  
20 to increase 60 percent from 900,000 to 1.5 million.  
21 This will result in a rise in numbers of older  
22 people with mental disorders, from 180,000 now to  
23 300,000 in 2030. Our helping systems cannot meet the  
24 needs of this current population. Without action  
25 now, we certainly will not be able to meet the

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2 mental health needs of the elderly population.

3                   The majority of clients served by APS  
4 have mental and behavioral problems that are often  
5 quite severe. Mental disorders include dementia,  
6 depression, anxiety, paranoia and schizophrenia.  
7 Behavioral problems include hoarding, wandering,  
8 refusal of or inability to follow prescribed  
9 treatment, belligerence or abuse of family or other  
10 caregivers. And adult protective services are not --  
11 workers are not trained to address these complex  
12 problems and they often don't know where to refer  
13 for appropriate services.

14                   So, as a result, a lot of clients who  
15 could be managed the community by well-trained  
16 workers are sent to nursing homes. In order to work  
17 more effectively with clients who have an illness,  
18 APS needs to do a variety of things, many of which  
19 you've already heard today, lower caseloads, provide  
20 a general overview of mental illness to all staff,  
21 develop a core staff who specialize in serving  
22 clients with severe behavioral or mental disorders,  
23 establish a clinical consultation unit to which  
24 protective service workers can turn to for help with  
25 assessment and planning, and cultivate working



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2 relationships with mental health providers in the  
3 community.

4 Additional funding will obviously be  
5 key to ensure that these changes take place, and  
6 additional funding is also needed to develop more  
7 community-based mental health services, including  
8 housing alternatives to nursing homes.

9 On a final note, a few New York City  
10 providers and advocates have already met with APS  
11 leadership, who appear to be entirely clear about  
12 APS's problems working with clients with mental  
13 disorders and to be committed to change. They  
14 obviously need resources to train staff, to reduce  
15 caseloads, and thus to provide more effective  
16 services, and we urge the City to provide the  
17 necessary funding.

18 Thank you for the opportunity to  
19 testify today, and if you need any background  
20 information on geriatric mental health, please feel  
21 free to call us.

22 MS. GRAND: My name is Rhonda Grand,  
23 and I am Executive Director of Special Services for  
24 Senior Citizens. I'll wait until you get the  
25 testimony. Okay. My name is Rhonda Grand and I have

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2 been Executive Director for Special Services for  
3 Senior Citizens for the past 26 years. We are a  
4 not-for-profit voluntary neighborhood-based agency,  
5 serving community district 18 in Brooklyn, that  
6 includes Bergen Beach, Canarsie, Flatlands,  
7 Georgetown, Mill Basin and Marine Park. We provide  
8 case management, entitlement and benefits  
9 assistance, information referral, transportation and  
10 arrange and coordinate home care, housekeeping and  
11 Meals-On-Wheels for more than 436 older adults.

12 I applaud the City Council Committees  
13 on General Welfare for its proactive position to  
14 reform New York City Adult Protective Services due  
15 to its failure to protect the unprotected.

16 APS is charged by statute to care for  
17 adults at risk, yet in the absence of APS  
18 interventions, the most vulnerable subset, the frail  
19 elderly, remain at risk and susceptible to  
20 self-neglect, abuse and exploitation.

21 I have attached case examples for  
22 greater understanding. In the interest of brevity, I  
23 list only a few examples of why at-risk elderly  
24 continue to fall into the APS abyss of inefficacy  
25 and inefficiency.

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2                   One, APS attempts to reject clients  
3 at intake and assessment, despite presumptive  
4 eligibility.

5                   Two, what APS considers a  
6 comprehensive assessment is merely one conducted  
7 through a small crack in an apartment door and from  
8 that develops a plan of care.

9                   APS is not in compliance with  
10 mandated time frames to conduct home assessments and  
11 psychiatric evaluations. Once APS obtains  
12 Meals-On-Wheels for at-risk elderly, they neglect  
13 further intervention to ensure safety and  
14 well-being.

15                   Once an at-risk elder refuses  
16 service, APS closes the case based upon their right  
17 to self-determination. However, regarding  
18 involuntary services, a study by the National  
19 Association of APS Administrators concluded the  
20 focus is not on serving adults against their will,  
21 but rather on assurance that the critical services  
22 are not denied because the adult in need lacks  
23 capacity to consent to receive essential services.

24                   I offer the following  
25 recommendations. Create an APS Advisory Council with

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2 oversight responsibilities, the locus of services  
3 should be contracted to neighborhood-based senior  
4 service agencies because of their judicious  
5 comprehension of geriatric issues. And three,  
6 transfer APS to DFTA, because the needs of elders  
7 are significantly different from younger adults.

8                   In 2001 and 2005, there was City  
9 Council public hearings on APS, but they produced no  
10 reform. Therefore, my question to these committees,  
11 which is a parity of the Verizon TV commercial, is  
12 what makes you hear me now? As the axiom states,  
13 when the student is ready, the teacher will appear.  
14 Are you ready to invest the effort and the funding  
15 to reform APS to ensure the unprotected are indeed  
16 protected.

17                   In conclusion, APS should have only  
18 one motive to reform that all clients at risk have  
19 the inalienable right to life, liberty and the  
20 pursuit of happiness. Thank you.

21                   CHAIRPERSON DeBLASIO: Thank you very  
22 much. I appreciate the ideas you have, and it's  
23 clear, I want to be very clear that we are not going  
24 to be satisfied with a lack of results coming out of  
25 this process. You're right to say that the Council

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2 like any other legislative body can shine a light  
3 from time to time on something, and then it can go  
4 back into the shadows. But we are I think very, very  
5 focused, both committees, in making sure there are  
6 some specific changes. And I think there are some  
7 objective reasons, like demographic change that  
8 really cry out for it.

9 I also was struck at the  
10 Commissioner's answer on the number of people  
11 they're reaching. I'm not going to say I heard  
12 everything I wanted to hear, but at least he started  
13 his answer with a no, we're not reaching everyone we  
14 should be. So, that's an opening for all of us.

15 Council Member Stewart.

16 COUNCIL MEMBER STEWART: Thank you,  
17 Mr. Chair. I would just like you to explain a little  
18 bit more, when you say transfer APS to DFTA, I want  
19 to know, how is that going to benefit seniors, the  
20 elderly and the other folks?

21 MS. GRAND: Basically what I was  
22 referring to was the comments that were already made  
23 here today, which is that the senior population has  
24 very different needs than a younger population. And  
25 secondly, APS is too big. That's the reason why you

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2 moved Agency for Children's Services out of HRA and  
3 made it its own agency.

4                   So, I think that because of the high  
5 level of need, and the diversity of need of the  
6 older population, I think that we need to work with  
7 a smaller group.

8                   COUNCIL MEMBER STEWART: Yes, but I  
9 just feel that if you transfer to DFTA, you're  
10 making DFTA much -- and some of these folks would be  
11 lost, in terms of getting these kind of services.

12                  MS. GRAND: Oh, no. No, no, no. Let me  
13 explain what I'm saying. I'm not saying that if we  
14 transfer them to the Department for the Aging, that  
15 they're no longer considered at risk, what I'm  
16 saying is that there needs to be a unique unit  
17 within the Department of Aging, because they're  
18 dealing with older adults as it is, why not also  
19 deal with those older adults at risk within that  
20 structure?

21                  COUNCIL MEMBER STEWART: I'm not too  
22 sure I understand that. Because I know DFTA is one  
23 agency that is dealing with seniors in general, and  
24 APS now deals with anyone that is at risk that can't  
25 help themselves. And if you combine them or put them

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2 into DFTA, I just felt that somewhere, somehow, it  
3 might even have -- if all those folks that are not  
4 really served by DFTA right now, if you put them  
5 into DFTA, they will be lost or so in a sense. So, I  
6 think it should be separate. You know, we can have a  
7 disagreement, but I think --

8 MS. GRAND: No, I think we're saying  
9 the same thing but just in different ways.

10 I agree it should be separate -- what  
11 I'm saying is that the older population should be  
12 separated out from the younger population. And I  
13 wasn't saying anything more than that. My reference  
14 to the Department for the Aging is that they are  
15 already dealing with the older population, so  
16 perhaps that separate unit can be housed underneath  
17 DFTA, and address those clients that are at risk.

18 COUNCIL MEMBER STEWART: All right.  
19 Thank you.

20 CHAIRPERSON DeBLASIO: Thank you very  
21 much. We appreciate all of your testimony, and we  
22 appreciate, Rhonda, your participation earlier in  
23 our press conference.

24 And now our next part of the same  
25 panel, Judy Willig of Hudson Hill Community Council

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2 and Judith Uman of Bronx Jewish Community Council.

3 Who would like to go first?

4 MS. WILLIG: I am going to go first.

5 CHAIRPERSON DeBLASIO: All right.

6 MS. WILLIG: My name is Judy Willig,

7 and for the past 20 years I've been the Executive

8 Director of Heights and Hill Community Council.

9 Heights and Hill is a 36-year-old community-based

10 non-profit organization that provides social

11 services to the elderly of Brooklyn Heights, Cobble

12 Hill and Boerum Hill in Brooklyn. Our mission is to

13 ensure that our older neighbors can live safe and

14 independent lives as members of our community,

15 thereby avoiding or delaying costly and impersonal

16 institutionalization.

17 Special emphasis in our agency is

18 placed on those who are frail and without family

19 supports. Services include Meals-On-Heels,

20 transportation, health promotion, education and our

21 core service which is case management.

22 In my professional career there are a

23 number of cases that stand out as particularly

24 disturbing. These are the cases I always jokingly

25 say will be a chapter in my book when I write



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2 professional memoirs.

3 CHAIRPERSON DeBLASIO: I'm going to  
4 stop you for just a moment.

5 MS. WILLIG: Yes.

6 CHAIRPERSON DeBLASIO: Because you  
7 know I'm a big fan of yours, but we're going to need  
8 some summarization here because you've got a lot of  
9 detail in your cases, so give us the punchline part.

10 MS. WILLIG: I'm going to share two  
11 real stories with you, because with all due respect  
12 to Commissioner Doar and Deputy Commissioner  
13 Saberski, who I have a lot of positive things to say  
14 about, I think there is a discrepancy between what  
15 they say and what actually happens.

16 And I made a promise to myself  
17 regarding Ms. E, that what happened to her won't  
18 happen again. She came to us because the bank  
19 officer in her bank, who is a friend of mine, when I  
20 was doing my personal banking, she came up to me and  
21 said we have this customer who is increasingly  
22 forgetful and a man named Mike keeps coming into the  
23 bank with her, and asking her to withdraw \$35,000 to  
24 \$40,000 at a clip. The bank officer tried to stall  
25 and Mike got more and more belligerent with her.

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2                   Due to banking regulations, the bank  
3 was forced to give the money, because the customer,  
4 it was her account and it was her money and she had  
5 to give it over.

6                   I figured out from what they were  
7 telling me who this woman was, and coincidentally,  
8 she had been referred earlier, the prior week, to  
9 our agency by the local senior center for meals. We  
10 had called her and she said she no longer wanted any  
11 services from us, given the information I now had  
12 from the bank, I did a home visit with one of my  
13 staff. We were more aggressive than we usually would  
14 be. Again mindful of that issue of such  
15 determination, which is critical to the work that we  
16 all do, but particularly with older people at  
17 various stages of dementia, the self-determination  
18 issue is a very gray one.

19                   When we went to see her, it was  
20 January of 2006, a few days after that big snow  
21 storm. We found her walking down the street in  
22 sandals with bare legs and a thin coat. It was  
23 really clear and obvious that this woman had severe  
24 cognitive problems. She was in her early nineties,  
25 she was a very independent woman. She had never

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2 married. She had some relatives around the country  
3 but really was no longer involved with them. The  
4 only person in her life was this man Mike, who she  
5 said was a friend who helped her do things around  
6 her house. When I asked her if she paid him for  
7 that, she said she did but couldn't recollect how  
8 much she gave him, and when I was more specific  
9 about had she given him large sums of money, she was  
10 horrified and said, absolutely not.

11                   There were obvious things going on.  
12 She was wearing the same outfit I had seen her wear  
13 Thanksgiving, the month before, and for the next six  
14 months she wore the same clothes every time we saw  
15 her. Obviously wasn't bathing. She gave us the name  
16 of a doctor that she said was her doctor. We called  
17 the doctor, he hadn't seen her in years. She wasn't  
18 getting medical attention. We immediately made a  
19 referral to APS, and given my past experiences, I  
20 went to the Citywide Director of Client Services,  
21 rather than just going through the Central Intake  
22 Unit. We had discovered that there had been an open  
23 case two years prior to this for the same thing. The  
24 senior center had made a referral to APS because a  
25 man named Mike had taken \$35,000 from this woman,

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2 and they said he was verbally abusive to her.

3 APS had made an assessment and a  
4 psychiatric evaluation and then closed the case.

5 When we asked them why, they weren't able to provide  
6 an explanation. We insisted that they look at this  
7 case as an emergency and they ordered an emergency  
8 psychiatric evaluation, which I had never see them  
9 do before, happened within three days. The  
10 psychiatrist, one of my workers joined the  
11 psychiatrist, right then and there he recommended  
12 that an Article 81 proceeding be instituted and a  
13 guardian be appointed to protect her property and  
14 the well-being of Ms. E. He also recommended that it  
15 be referred to the District Attorney's to prosecute  
16 Mike. There were numerous unreturned phone calls to  
17 APS. We were finally informed months later the case  
18 for guardianship was rejected by APS's internal  
19 Legal Department, and the case couldn't be sent to  
20 the DA because there wasn't enough evidence and the  
21 client didn't have any memory of the events.

22 We were astounded so we asked for a  
23 case conference with the Director of Client Services  
24 and the Borough Director. We were told at the case  
25 conference that the first psychiatric evaluation

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2 conducted two years earlier showed similar results,  
3 that the woman did suffer from dementia, which we  
4 know is a progressive illness, and that she had  
5 impaired judgment.

6 CHAIRPERSON DeBLASIO: I'm going to  
7 just interrupt for just a second.

8 MS. WILLIG: Okay.

9 CHAIRPERSON DeBLASIO: This has been  
10 very compelling, and I'm really glad we're hearing  
11 this story, because it points out how bad some of  
12 the problems are, but please give the sort of  
13 salient points here.

14 MS. WILLIG: Eventually it went for  
15 guardianship. It took seven months to get there.  
16 During that period of seven months, \$130,000 was  
17 taken from her. We suspect he walked away with  
18 almost \$175,000 in total. Three days after the  
19 guardian was appointed, she was found on the floor  
20 of her apartment having suffered a stroke.

21 Once in the hospital, they determined  
22 she had advanced breast cancer and she was sent to a  
23 nursing home. We have no idea whether or not earlier  
24 medical and financial intervention should have  
25 circumvented all of this and she could still be

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2 living at home. She's probably going to die in the  
3 nursing home. If you'll just let me fulfill my  
4 promise to myself that that wouldn't go unheard.

5                   My recommendations are very similar  
6 to everyone else's. There are bottlenecks everywhere  
7 that slow down service delivery. The Administration  
8 in the past has often talked about what happens, and  
9 then what we see happen is completely different than  
10 what we're told. We've had workers tell us that  
11 clients that we've referred who clearly have  
12 dementia and are wandering, workers don't understand  
13 what dementia is and will say, but the client is in  
14 great shape, and they close the cases.

15                   We've learned how to get our cases  
16 accepted. We know what words to say, but that  
17 doesn't stop them from being closed, which is what  
18 often happens. What you need to hear in response to  
19 some of your questions before about why are the  
20 caseloads that they have so low - I've stopped  
21 having my staff make referrals, unless there is  
22 something critical that needs to be done that only  
23 they can do. Because we're better at what they're  
24 supposed to do.

25                   I agree with Rhonda that I think one

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2 of the things that should be done is, I came out of  
3 the child welfare system and when I met with APS and  
4 their workers for these kids conferences, what  
5 became clear to me was their priority are those  
6 multi-problem families with drug abuse, with  
7 violence, with mental illness. The little old ladies  
8 with dementia are put on the side because they're  
9 not as much of a menace. And you know, Sunday we  
10 read reports that some ridiculous number of people  
11 by the year 2050 are going to have Alzheimer's  
12 Disease - this is going to be a critical problem. I  
13 think perhaps separating younger, mentally ill APS  
14 from a separate unit for elderly APS clients, might  
15 allow that APS, if its under DFTA, might allow the  
16 workers to have more information and training on  
17 dementia, on elder abuse, which hasn't been  
18 discussed yet. I know Arlene Markarian will be  
19 talking about that.

20 CHAIRPERSON DeBLASIO: Let me just ask  
21 a question though. So, I hear you on the idea of the  
22 separation on the -- on the question of whether the  
23 non-profits are better situated, which I certainly  
24 can see a lot of that reasoning, is it fair to say,  
25 and it follows on Rhonda's point, that you'd like to

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2 see the elements that non-profits can do effectively  
3 moved away from the agency into non-profits? Or are  
4 you saying there are certain things that only APS  
5 can do effectively that a non-profit doesn't have  
6 the power to do?

7 MS. WILLIG: We are voluntary  
8 agencies, so our tools are limited. We don't make  
9 referrals to APS unless we hit a brick wall, and at  
10 that point there are tools that APS has, one of them  
11 being, and most of the cases that we refer are cases  
12 where the elderly people need guardians, there are  
13 various stages of dementia and they don't have  
14 family. And a guardianship needs to be appointed to  
15 make sure they're getting medical care, to make sure  
16 that they are paying their bills, perhaps to make  
17 sure that they get home care and that it's overseen.  
18 And maybe they can avoid institutionalization.

19 I don't know if that's answering your  
20 question. I have one other recommendation. There has  
21 been so much talk here about hoarding, and Deputy  
22 Commissioner Saberski talked about the  
23 community-based organization hoarding, that's me, I  
24 have the dubious distinction of being the "hoarding  
25 lady" in the City. I was one of the founding members



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2 of the New York City Hoarding Task Force, and I've

3 done training nationally and around the State on

4 hoarding, and I'm a little bit concerned about what

5 I've been hearing about heavy-duty cleaning, and I

6 think a distinction has to be made between heavy

7 duty cleaning for people who are just dirty and who

8 are being evicted because of that, and people who

9 are hoarders. Hoarding is a mental illness, and I

10 have seen people decompensate and need to be

11 hospitalized because of the heavy-duty cleaning. So,

12 to say that somebody doesn't need to be there, I

13 almost have the opposite reaction, which is a mental

14 health professional needs to be there, if a heavy

15 duty cleaning is done with a hoarder. I submit that

16 there has been research, and it's in my testimony,

17 over the past ten years that shows that hoarding is

18 a mental illness, and there are some ways to treat

19 it and one of the things that we do know about

20 hoarding is the worst thing you can do for a hoarder

21 is to intervene involuntarily with heavy duty

22 cleaning.

23 I would just want to say --

24 CHAIRPERSON DeBLASIO: Just to clarify

25 on that one, too, but obviously the caseworker is

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2 one thing, the mental health professional is  
3 another.

4 MS. WILLIG: But I think one of the  
5 situations that has to be done in these situations  
6 is there needs to be some sort of a mental health  
7 assessment if the person is a hoarder.

8 And I've been in hoarder's homes, and  
9 I know Councilwoman Brewer says she's a hoarder,  
10 trust me, I've been in some homes where you would  
11 not believe the things, the ways that some people  
12 are living, and it is truly a mental illness, and  
13 does require intervention of a mental health  
14 professional.

15 CHAIRPERSON DeBLASIO: That's very  
16 helpful. Thank you. Thank you very much for your  
17 testimony.

18 MS. UMAN: Thank you very much. Thank  
19 you for the opportunity to testify today. We  
20 appreciate your Committee's focusing on this very,  
21 very important matter. Many of the persons present  
22 today are familiar with the Bronx Jewish Community  
23 Council, similar to the Heights and Hills, we've  
24 been doing this as a non-profit for over, actually  
25 for over 35 years now, and we have offices

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2 throughout the Borough of the Bronx.

3 I'm not going to talk too much about  
4 what we do, because we have similar situations to  
5 many of the other presenters.

6 As a community agency, we interact  
7 with older adults and disabled persons facing many  
8 difficulties in their lives. We have an extensive  
9 web of services that are boroughwide, based in the  
10 anti-poverty movement, and funded primarily with  
11 government funds.

12 One contract allows BJCC to serve not  
13 only the elderly and disabled, but those less than  
14 60 years of age at neighborhood walk-in sites. Our  
15 daily social work practice brings us in touch with  
16 home-bound and ambulatory, frail and mentally  
17 disabled, those threatened by eviction, the hungry  
18 and the needy, the confused and the distraught. The  
19 isolated and those suffering from dementia.

20 Our services are limited by contract  
21 obligations, social service law and our role in the  
22 spectrum of services available to those most  
23 vulnerable individuals. Although each of our  
24 offices, which is nine in number, is supervised by  
25 LMSWs, there are restrictions as to what we are able

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2 to provide, and like other agencies, we turn to  
3 adult protective services when we can no longer  
4 present -- we can no longer meet the needs of the  
5 clients who are in danger, facing eviction or being  
6 abused or exploited.

7                   Our long-term relationships with many  
8 of our clients often positions us to help APS staff  
9 with their more comprehensive services, reluctant  
10 clients often need their community social worker to  
11 be the bridge so they will accept the services which  
12 APS can provide, and our experience is that APS  
13 staff does not work collaboratively, and they do not  
14 include us in their care plans and it makes their  
15 jobs more difficult. And we have a policy of calling  
16 and calling and calling.

17                   Just recently I made a referral, I  
18 made the referral, the case was accepted very  
19 quickly. I called the worker up. I called the worker  
20 up, I called the supervisor up. Finally the worker  
21 called me back and we went on a joint home visit.  
22 That was ten days ago. I called the client, has the  
23 worker called you back? What is she doing about your  
24 eviction situation? What is she doing about your  
25 psychotic, schizophrenic brother? She has not heard

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2 from her. She has not responded to my calls, as  
3 well. And you hit a brick wall, because you are as  
4 busy as they are, we might not have 81 cases per  
5 worker, but we have difficult cases and contractual  
6 obligations as well, and it makes life for the APS  
7 worker more difficult when we send out a need for a  
8 psychiatrist. We specifically say we have a  
9 relationship with this person, won't you let us know  
10 when you're coming? And more often than not we are  
11 never told we never know if the psychiatrist goes  
12 out with the APS worker to visit the client, and  
13 we're left in the dark, and frequently we're the  
14 agency with the case that is now being prosecuted --  
15 that's not the right word, where the case of the  
16 person who was taken out of her home. And we've been  
17 there with that client for several years now, and we  
18 would just like to ask for more coordination of  
19 services.

20 CHAIRPERSON DeBLASIO: Thank you. I  
21 also appreciate both your testimonies. It's obvious  
22 that there's a lot of concerns about the agency, and  
23 we have expressed a certain amount of sympathy for  
24 what the caseworkers and the employees are going  
25 through, cleaning issues, caseload issues, et

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2 cetera, attrition. But no one should ever say that  
3 that means (a) every caseworker and every employee  
4 is being as responsive as they should be, including  
5 to the community-based organizations that have so  
6 much of the information, and are playing such a  
7 crucial role. And I think there's kind of a common  
8 enemy here in that, you know, high caseloads and  
9 pressure to perform leads to an instinct to close  
10 the case, whether appropriate or not. That's in the  
11 caseworkers interest, the client's interest, your  
12 interest, any interest, I think that comes up in the  
13 system for everyone, and I don't want to say that,  
14 you know, rationalizing caseworker ratios is a  
15 panacea, but I do think it is one of the underlying  
16 ways to allow people to get back to giving a case  
17 the time it deserves, and not having the kind of  
18 click-on-the-trigger instinct to close the case.

19 So, I appreciate the points you've  
20 raised in your testimony.

21 MS. WILLIG: Might I make one other  
22 recommendation? Agencies like Judy's and mine which  
23 are DFTA-funded case management agencies, we often  
24 wait to refer a case until we see that a client  
25 needs guardianship. One idea that's come up is,

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2 could there be a way to fast track those cases?

3 What's necessary for an Article 81 proceeding is a

4 psychiatric evaluation. We're not mental health

5 agencies so we don't have access to that, and legal

6 representation, which we don't have. Some of the

7 agencies have access to private attorneys, but

8 guardianship proceedings cost money.

9 I wonder if there isn't a way that

10 particularly elderly clients who are case managed by

11 a community-based agency, is there a way that we

12 could be doing the paperwork that needs to be done

13 to initiate the guardianship proceeding so it

14 doesn't have to take seven to eight months.

15 CHAIRPERSON DeBLASIO: I appreciate

16 your point. That will be part of our follow-up for

17 sure.

18 MS. WILLIG: Thank you.

19 MS. UMAN: Thank you.

20 CHAIRPERSON DeBLASIO: We appreciate

21 it.

22 We have one last panel and then three

23 people who have signed up for public testimony. The

24 next panel is Jane Greengold Stevens, and Arlene

25 Markarian. And a reminder to this panel to please

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2 summarize and a reminder to the people to do public  
3 testimony. We have a consistent rule of two minutes  
4 per person for public testimony and it's something  
5 we do at every hearing.

6 That's for the public testimony. You  
7 get a little more time grace because you're on one  
8 of the preassigned panels. Who would like to start?

9 MS. GREENGOLD STEVENS: Good  
10 afternoon. I know it's late. My name is Jane  
11 Greengold Stevens. I'm an attorney at the New York  
12 Legal Assistance Group, which as I hope you all know  
13 is a non-profit legal services organization serving  
14 the poor and near poor in New York.

15 I am not going to repeat to you the  
16 testimony in my written testimony, which is very  
17 similar to that that you've been hearing all day. I  
18 have a few points I'd like to make that are really  
19 responsive to what's been said here already, and one  
20 I think is really important. The people who came  
21 here today from the union who testified said that  
22 they're workers didn't want to come because they  
23 were worried about reprisals. And I think that might  
24 tell us all a lot about morale in the union, that it  
25 was hard for them to get workers to come, and I



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2 think that may be indicative of the difficulty there  
3 is in morale.

4                   As I think you know, we have filed a  
5 lawsuit, a class action lawsuit in federal court  
6 challenging many failures by the agency, and in the  
7 description in the lawsuit, we are criticizing  
8 caseworkers right and left for things they've done.  
9 I could spend a lot of time criticizing caseworkers,  
10 but these are people who really need to do the work,  
11 and we really need their morale to be good, and we  
12 really need enough of them, and we need them to be  
13 hired carefully, people who are sympathetic, who are  
14 going to be non-judgmental, we need them to be  
15 trained and we need them to be enough of them. And I  
16 think the fact that they're afraid to come and talk  
17 to you means that they're really struggling. It's an  
18 incredibly hard job. And while we were getting this  
19 case together, we talked to a lot of clients and it  
20 gave us a lot of empathy for caseworkers who were  
21 struggling with these clients. But I just think it's  
22 important to note that these caseworkers were afraid  
23 to come here today or hesitant to come.

24                   I'd like to state an opinion on this  
25 question that's been raised about the possibility of

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2 separating people with disabilities from the  
3 elderly. I really think it's a terrible idea, for  
4 two significant reasons: Nobody needs adult  
5 protective services help just because they're old.  
6 People only need it if they're disabled. By  
7 definition, the people who need this service are  
8 disabled. And I know it's very trendy to fund things  
9 for the elderly, but I worry that if there's a  
10 separation that more money will go to the elderly  
11 and the disabled, who are not aged, are going to be  
12 left behind and there's going to be some creaming  
13 (sic) and some discrimination, and it's really the  
14 disabled who need this help. So, I would like to  
15 speak against that trend.

16 I think that coordination with other  
17 agencies is key. You've heard that again and again.  
18 There's talk about liaisons from the Commissioner,  
19 but really it just doesn't work and they need  
20 concrete specific plans for working with other  
21 agencies because it just isn't happening. The  
22 Councilwoman was talking about NYCHA, which is a  
23 really good example, there isn't a good liaison  
24 system. They actually -- I feel like my own  
25 relationship with NYCHA is sometimes as good as the

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2 caseworkers, because of all the times I've sued  
3 them.

4 I mean, they really need to work much  
5 harder, and actually what that suggests is that the  
6 Council needs to be pushing the other City agencies  
7 as well to work with APS, because it's not a one-way  
8 street. NYCHA needs to be setting up liaisons to  
9 work with APS, and so do all the other City  
10 agencies.

11 So, I really think that those are my  
12 major points. I would be happy to answer other  
13 questions. I guess I have a tiny point about  
14 heavy-duty cleaning, since everybody is talking  
15 about this. I think the idea of having community, a  
16 different set of workers stay while cleaning is  
17 going on probably saves caseworkers a lot of time,  
18 and is a good idea, we have been thinking from our  
19 interactions with our hoarder clients, really it  
20 needs to be done, they need to set up a different  
21 contractual model so that people who are having  
22 trouble with cleaning can have it done gradually.  
23 And there was just testimony about how it can be  
24 psychologically difficult for people. They have one  
25 model, they've told us this over and over again,

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2 either some agency goes in and does it in one  
3 fell-swoop or they don't do it at all, but they need  
4 to set up a way to do it so that people can tolerate  
5 it emotionally.

6 I think I should stop and let you  
7 finish.

8 CHAIRPERSON DeBLASIO: Well, I just  
9 want to say I appreciate what you're saying. It must  
10 be incredibly hard to figure out the balance point,  
11 because it's almost, it's so individual, and the  
12 amount of support someone would need would be so  
13 great, that sort of how do you end up not being  
14 paralyzed between wanting to clean for all the  
15 reasons you need to, and trying to figure out how  
16 not to put a shock into the person's system, and it  
17 feels like a real slippery slope and almost an  
18 impossible balance to strike.

19 MS. GREENGOLD STEVENS: Well, that's  
20 true. But you know, this slippery slope and the  
21 difficulty of how to manage these clients  
22 emotionally is a problem throughout the entire  
23 process of most of these clients.

24 Some clients are only physically  
25 disabled, and they need APS help only because of

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2 physical disabilities, and they have no emotional  
3 overlay. But that's a limited number so that  
4 caseworkers are having to deal with these problems  
5 in every respect. That's what makes the job so hard.

6 So, there is no simple solution to  
7 this problem for sure. I just think having only one  
8 model may not be the right solution to this.

9 CHAIRPERSON DeBLASIO: I appreciate  
10 that very much.

11 Thank you. And Ms. Markarian.

12 MS. MARKARIAN: Hi, everybody. I'm  
13 Arlene Markarian, Chief of the Elder Abuse Unit in  
14 the Brooklyn DA's Office, and I'm here because I  
15 work very closely with many agencies that were here  
16 today, are here now.

17 I work with APS as closely as I can  
18 as well. One of the things I want to mention is that  
19 I read the report and it was a real concern of mine  
20 that elder abuse was not addressed in the report,  
21 and as a prosecutor you could understand why that  
22 would glare out at me. And what also concerned me  
23 was there was no mention that adult protective  
24 services is the only mandated agency in the State to  
25 report adult abuse. And that's an important thing to

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2 repeat because New York State is not a mandated  
3 reporter state for elder abuse, like many states in  
4 this country. In fact, I think we're in the  
5 minority, if I recall correctly there are only eight  
6 states that don't have mandated reporting laws, and  
7 we're one of them.

8                   So, having said that, APS has got an  
9 incredible duty and responsibility, since they're  
10 the only mandated reporting agency. And that wasn't  
11 mentioned and it needs to be addressed, because I  
12 think when it comes to funding that needs to be  
13 addressed. So, we're not going to talk about the  
14 staffing and everything because we know that all  
15 needs funding and that's been repeated. But because  
16 I work with elder abuse, I get hundreds of calls  
17 throughout the year from people in the community,  
18 and I have to say that some of the things that we're  
19 talking about, and I think reasonable minds can  
20 definitely differ on this, and it's clear that they  
21 can, but I think there is a difference between  
22 younger adults that are vulnerable, versus older  
23 adults. I'm sorry, I just think that there are  
24 different issues that apply to a senior population.  
25 Alzheimer's is not mental illness. Dementia, the

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2 organic reasons, is not mental illness. It is a  
3 progressive disease, and it is something that hits,  
4 as somebody stated earlier, the numbers are supposed  
5 to be very high after the age of 85. People living  
6 longer are going to see this more and more. The baby  
7 boomers are going are becoming seniors. It's not  
8 going away, and when it comes to elder abuse, let me  
9 just make one stat, I'm not a big stat gal, I'm  
10 really not, but I've got to tell you something,  
11 there are over 400,000 seniors in Brooklyn alone,  
12 yet in my Bureau on Domestic Elder Abuse, and  
13 nationwide it is known, it is clear, the most common  
14 offender of elder abuse, the most common perpetrator  
15 is going to be a family member. Okay? If we know  
16 that, I see 250 cases a year, now for many  
17 jurisdictions that's a lot of cases, I would love to  
18 believe that only 250 people a year are being abused  
19 in Brooklyn. It's not. APS is on the front lines  
20 along with these other agencies, and they're our  
21 eyes and ears, and APS is the mandated reporter  
22 where there may be certain confidentiality issues  
23 with other places, like hospitals. APS is mandated.  
24 So, when we get involved with them, it's important  
25 that they do have the funding and the staffing to

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2 deal with these issues and the training. And I'm  
3 going to mention training for this reason.

4                   There's training going on, but I  
5 don't know if any of the DA's office is a part of  
6 that training. I can speak for my colleagues,  
7 because I'm very close with my counterparts in the  
8 other counties. Staten Island is Yolanda Rittick,  
9 and the Bronx County you have Richard Baker and  
10 Ellen Calodny. In Manhattan you have Liz Lowe. In  
11 Queens you have Christen Kane, in the Queens DA's  
12 office, and you have me in Brooklyn. We all  
13 volunteer our time and train police, train DFTA,  
14 train JASA, train everybody. I've trained everybody  
15 else in the past. They are sponges. They want to be  
16 trained. They are so thankful and so appreciative,  
17 they want to learn. What do they need to learn? If  
18 there is a mandated reporter of elder abuse, we have  
19 to learn how to identify it, first of all. Identify  
20 the subtlties of it. You have to go figure out how  
21 to appropriately report it, which brings me to the  
22 issue of having a relationship with NYPD. If they're  
23 mandating reporters of elder abuse, I can tell you  
24 right now how many calls I've gotten from APS  
25 because they walk into a precinct and the police



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2 don't know who they are.

3                   They don't know what their  
4 responsibility is, and they want to report crime  
5 against an elderly person and they're being told,  
6 oh, that person has to come here and report it  
7 themselves. Well, under normal circumstances they  
8 would, but not when it's a mandated reporter. The  
9 police don't know who they are.

10                   They could be using -- if there is a  
11 relationship that's built with NYPD, which starts  
12 from the top, starts from the top because they are a  
13 paramilitary organization, and you go to the brass  
14 and it gets trickled down, and they take orders. You  
15 start at the top. And if they get a relationship  
16 going with APS, they can now have people that can  
17 escort them to dangerous situations. Nobody says  
18 these folks have to take a bullet for anybody. They  
19 don't. And they shouldn't be in the house. The first  
20 thing they should be doing is leaving, and then make  
21 the call. You don't make the call while the danger  
22 is around you, because then you risk everybody. You  
23 leave, make the call, and then if they are well  
24 known with the precincts in the areas they work in,  
25 they'll get the back-up. They'll get the back-up to

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2 do their job and protect them. So, this is a very

3 important thing, building the relationship, the

4 training. I'm telling you, there is no DA that I

5 know in this City that's not willing to come own and

6 train adult protective services and teaching them

7 how to file a report, how to articulate the crime so

8 the police know what they're talking about, and how

9 to deal with the issues of elder abuse, including

10 preserving the evidence, people want us to

11 prosecute. We want to prosecute these cases but they

12 could be very difficult without the evidence, and

13 there's valuable evidence that gets lost, because

14 it's not being identified, and it's getting lost,

15 and we then cannot prosecute a lot of these crimes,

16 especially in the financial. I know what Judy Willig

17 was talking about, that case. And by the time the

18 DA's office got wind of it, that money was gone. All

19 right? Say goodbye to it. It's gone. And one of the

20 things that I have listed here, and I don't want to

21 go over my time, but I think just a couple of points

22 here, guardianships. I'm very familiar with

23 guardianships, Article 81. I'm not an expert, but

24 I'm familiar with it because I participate. I will

25 go down to the guardianship part, and testify, and

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2 my colleague Peg Coran is my unit coordinator, we  
3 will testify at guardianship proceedings regarding  
4 elder abuse and what evidence we have to let a  
5 guardianship judge know what the issues are  
6 regarding this particular AIP, Alleged Incapacitated  
7 Person.

8                   In addition, we also push for  
9 guardianships. And one of the things, being a DA I  
10 can do this, I'm very aggressive, you could probably  
11 tell by the way I'm speaking, I'm not taking no for  
12 an answer and I'm going to keep calling until  
13 somebody gives me what I want. And getting  
14 guardianship things done, one of the things we've  
15 spoken to a lot of civil attorneys about, we have to  
16 talk about the legal of HRA. Their staffing. They're  
17 six to nine months behind in backlogs in filing  
18 guardianship petitions. Six to nine months just to  
19 file them. So, what happens to these people that  
20 we're saying are allegedly incapacitated? Their  
21 money is being bled, is bleeding, they're getting  
22 injured, all these things are happening. So, what  
23 can we do? Well, there's a thing called a temporary  
24 restraining order. They can go into court to get a  
25 temporary guardian as quick as they can, with a

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2 short amount of time, a short turn-around time, and  
3 when they get this temporary guardian, what can this  
4 temporary guardian do to help the situation, until  
5 we get the case on the calendar and get the  
6 proceeding started? Well, does this person need an  
7 order of protection? Is there somebody that's  
8 physically abusing that needs to be excluded from  
9 the home? Does this person's bank accounts need to  
10 be frozen, so they can stop the bleeding?

11 Because, yes, great, we'll come here  
12 six to nine months later, there's no money left. So,  
13 you know, we tried, but nine months went by and he  
14 got a hold of all the money.

15 So, they can freeze the accounts and  
16 they can appoint a temporary guardian who can pay  
17 the bills and do all these things, so they can get  
18 everything settled as to whether or not this person  
19 needs a guardian. And by the way, guardianship isn't  
20 all or nothing. It's not even you're totally  
21 incompetent and you need a guardian for everything,  
22 there's all kinds of things they can have guardians  
23 for. Everything from just the finances to maybe  
24 they're safety or the order of protection or perhaps  
25 even a case that I'm dealing with with Adult

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2 Protective Services right now, getting a  
3 guardianship judge to order that the daughter, who I  
4 believe is mentally ill, is not capable of caring  
5 for her mother, and I believe is abusing her but I  
6 can't prove it, but I can at least say under the  
7 best case scenario, her mother is becoming seriously  
8 injured because according to the daughter, she hurls  
9 herself over her own walker. Hurls herself over her  
10 own walker, okay? She also doesn't get up when she's  
11 being yelled at to get up. Why? Because she can't  
12 get up. The daughter has mental illness. So, under  
13 the best case scenario, the daughter is just not  
14 capable of caring for her mother. So, temporary  
15 restraining order. Go in there, she fired all the  
16 home care. She fired home care. The judge ordered  
17 her, you can't fire home care unless you come see me  
18 first. If that much happens at the end of the day,  
19 you're doing all right. You really are. Because now  
20 somebody is going to be in the house caring properly  
21 for this woman.

22 So, training, training, training,  
23 relationship with NYPD, they're the mandated  
24 reporters. We need to rely on them, until if and  
25 when New York ever changes their stand on that.

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2 Thank you.

3 CHAIRPERSON DeBLASIO: Thank you. It's  
4 very, very helpful. And we appreciate your passion  
5 on this issue. Council Member Stewart has a quick  
6 question, and then we do need to conclude.

7 COUNCIL MEMBER STEWART: A quick  
8 question. Do you have a mechanism whereby you work  
9 with the banks to find out if, for example, a  
10 senior, monies are being withdrawn, that you can  
11 know either at a report to you, or you can get that  
12 information to say, well, listen, let's investigate  
13 this, there are \$10,000 being withdrawn? You know,  
14 is there a reporting? Is there something?

15 MS. MARKARIAN: Let me just tell you,  
16 first of all, they are not mandated reporters.  
17 Basically anything they do is voluntary. There are  
18 committees that are in place, I don't do the  
19 financial prosecutions, our Rackets Bureau, how it  
20 works in our office is our Rackets Bureau does it.  
21 However, I know that we go out into the community,  
22 we do presentations, almost similar like what you  
23 just heard me say, and opening up the gateways for  
24 the different banks and everybody to know who to  
25 call if something like that happens. The problem is

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2 it's not mandatory. So, since it's not mandatory,  
3 it's a hit or miss. It's a hit or miss.

4 We're trying to, the DA's association  
5 and various committees that I'm on are trying to  
6 work with the banking lobby, if you will. The  
7 problem is once you put the responsibility on. They  
8 don't want the responsibility, if this  
9 responsibility is put on them, they know they can be  
10 held liable if something doesn't follow through.

11 You're dealing with a lot of issues  
12 here, so that would be a great thing to have happen.  
13 We try to get the local bankers, and we do have some  
14 that will, that call and say, you know what?  
15 Something funny is going on. Something funny because  
16 she never takes out this kind of money, she takes  
17 \$50 every week, that's all she ever takes out and  
18 now she's coming in and taking out \$1,000 and \$2,000  
19 a pop.

20 COUNCIL MEMBER STEWART: Right. The  
21 other question that I have basically is that APS,  
22 those folks who are registered with APS, that they  
23 get any help and getting all of that, and APS will  
24 know their financial status and all of those things?

25 MS. MARKARIAN: Of the clients?

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2 COUNCIL MEMBER STEWART: Yes, of the  
3 cilents.

4 MS. MARKARIAN: I mean, I can't speak  
5 for APS, but I believe the answer is yes, they --

6 COUNCIL MEMBER STEWART: But if they  
7 do know, can they have some sort of a relationship  
8 whereby the banks, if there's a change in the status  
9 the banks will report to them, and they will them --

10 MS. MARKARIAN: If they go and speak  
11 to the bankers, they could try. Again, they're under  
12 no obligation. So, you're only hoping that people  
13 will do what they should do. There is no obligation.  
14 No legal obligation to do so. Not unless a  
15 guardianship takes place.

16 COUNCIL MEMBER STEWART: I'm just  
17 looking to see if there's a way that there is any  
18 change, if there is something that looks, seems  
19 different, that someone will be able to take note  
20 and start investigating. It could be legitimate but  
21 still you need some sort of check and balance,  
22 saying let's investigate, let's see what's happening  
23 here.

24 And if at least a relative or a  
25 guardian or the caseworker somehow they should be



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2 tied into this, to know if something is going to  
3 happen, that they all should be notified. If more  
4 than one person is being notified, if there's a  
5 worker in the house, an attendant or whatever is  
6 doing something, then they know that somebody else  
7 is going to know what is happening in this person's  
8 account. And if something is wrong, then they will,  
9 and then it's a preventative measure in terms of  
10 them doing something.

11 MS. MARKARIA: It's always the person  
12 who will do it, that's the problem.

13 CHAIRPERSON DeBLASIO: Thank you.  
14 Thank you very much for both of your testimony. It's  
15 extremely helpful.

16 Lastly, we have three people for  
17 public testimony. Again, I'm going to emphasize we  
18 are going to universally and consistently apply the  
19 two-minute rule in all of our hearings, so we're  
20 going to ask everyone to honor that. Howard Haskin,  
21 Cathy Casey and Joseph Garber.

22 Mr. Garber, I think since you are a  
23 veteran of many City Hall procedures --

24 MR. GARBER: Yes, I've got a bill  
25 signing ceremony.

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2 CHAIRPERSON DeBLASIO: You should be  
3 the lead-off, and let me just make sure for those  
4 who haven't had the opportunity to testify, just  
5 recognize there is a clock right across there. We'll  
6 show you your countdown so you have something to  
7 judge by. And let's start with you, Mr. Garber. We  
8 welcome your testimony.

9 MR. GARBER: Good afternoon. My name  
10 is Joseph Garber. I'm the Corresponding Secretary of  
11 the Civil Service Merit Council, a good government  
12 group that supports efficiency, integrity and public  
13 service.

14 First of all, if the workers are  
15 afraid to come because of retaliation, I would like  
16 to remind this Committee that there is a  
17 whistle-blowers law, so that has to be enforced.

18 Okay, although I'm well aware of what  
19 APS stands for from reading the Mayor's Management  
20 Report and the Chief Leaders over the year,  
21 approximately five weeks ago I became involved in a  
22 personal case. A civil service worker came home one  
23 evening and found a handwritten note addressed to  
24 him with his wrong last name, signed by a caseworker  
25 of APS that you couldn't even make out what it was.

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2 He ignored the letter. When he showed it to me, I  
3 prepared a letter to the Commissioner of HRA all the  
4 way down to Deputy Commissioner Saberski of APS, to  
5 the Director of the Brooklyn Borough Office. This  
6 person received calls from a Mr. Filipe Benonme,  
7 which Benonme is a French name which means  
8 technically "my friend" of the Brooklyn APS office  
9 at 250 Livingston Street. If this man is considered  
10 a friend of adults, okay, this Civil Service worker  
11 is in his fifties, so not a senior citizen, he kept  
12 on calling him and calling him and calling him to  
13 come down, or to come to his apartment. Finally, I  
14 told the civil service worker, arrange to come down  
15 to APS. He made an appointment about a week and a  
16 half ago to come down to meet Mr. Benonme. When he  
17 came to 250 Livingston Street on the second floor,  
18 Mr. Benonme wanted to sit with him in a public area  
19 to interview him. I approached him and told him do  
20 not let anybody else hear your case, he went in a  
21 private room. Then when I coached this individual  
22 about Betsy Gotbaum's report, so he knew more about  
23 APS than Mr. Benonme did. And he asked him what kind  
24 of services are you talking about? Can you help me  
25 maybe with this if I do need this problem? And how

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2 did you get my name? Mr. Benonme refused to tell him  
3 who referred the case. Now if you want to get help,  
4 you do not go with such an attitude. If APS stands  
5 for, it should stand for Adult Retaliation Services  
6 or Adult Fear Services, but not Adult Protection  
7 Services.

8 CHAIRPERSON DeBLASIO: Thank you.

9 MR. GARBER: You've got to overhaul  
10 the whole system. Thank you.

11 CHAIRPERSON DeBLASIO: Thank you, Mr.  
12 Garber.

13 Mr. Haskin, before you testify, I  
14 just want to let you know, we appreciate also your  
15 written testimony, and that will absolutely be  
16 entered into the formal record, just so you know  
17 that. Please go ahead.

18 MR. HASKIN: Yes, obviously I'm not  
19 going to read my full testimony, it's too long.

20 I've been working for the last 14  
21 years --

22 CHAIRPERSON DeBLASIO: I'm sorry, push  
23 the button.

24 MR. HASKIN: I've been working for 14  
25 years as a case manager for special services for

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2 seniors, for three years prior to that, I also  
3 worked for JASA APS. So, I have the perspective of  
4 being on both sides of the fence on this issue.

5 My experience with JASA APS was a  
6 very positive one. We have a very small operation. I  
7 absolutely welcome case management agencies that  
8 would be on my side that I utilized, and we work  
9 together in addressing any at-risk client situation.

10 For the last 14 years, having to  
11 utilize APS on a situation where my agency has  
12 exhausted all possibilities of trying to help this  
13 client, like every other case management agency  
14 that's testified before me, we don't go there until  
15 we have no other choice. We get resistance from the  
16 get-go, the referral is met with resistance. When we  
17 finally get a case to be accepted, we have to run  
18 around looking for caseworkers, who don't return  
19 phone calls, I perceive this whole situation as an  
20 enemy instead of being looked at as an ally. I think  
21 that case management agencies have a lot to offer  
22 APS in providing services, every case management  
23 agency that's been in here has an investment in the  
24 communities that we serve. I think we need to be  
25 looked at as an ally. I think we need to have APS

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2 look at us as a tool to be used. I also think that  
3 if we had services available to us, like heavy-duty  
4 cleanings, maybe we wouldn't have to turn to APS for  
5 some issues, that maybe we could address it  
6 ourselves. But we don't. We have to turn to APS  
7 because they have services that we have access to.

8                   There's a lot more I'd like to say  
9 but time restraints don't allow me to, I appreciate  
10 you allowing my testimony to be in the written  
11 record, and thank you.

12                   CHAIRPERSON DeBLASIO: Thank you. And  
13 we appreciate the good work you've done on this  
14 issue. Thank you very much.

15                   And finally, concluding our day, Ms.  
16 Casey, we welcome your testimony.

17                   MS. CASEY: Thank you. I'm going to  
18 combine statements on questions. I think perhaps you  
19 haven't heard about or considered this particular  
20 aspect of the issue today, and that is the fact that  
21 some people who are not eligible for APS services  
22 and certainly not eligible to have guardians  
23 appointed for them are harassed in the Housing Court  
24 as tenants when landlords are trying to evict them  
25 by, to put it crudely, having caseworkers sicked on

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2 them for no valid reason, and it becomes quite  
3 difficult to extricate oneself from this situation  
4 for the tenant because of the formal structures of  
5 Housing Court.

6                   This aspect of the issue is not  
7 addressed in the Public Advocate's report and it has  
8 to do with the fact that, as I understand it, some  
9 APS workers who may or may not be caseworkers are  
10 continually present, assigned to Housing Court on a  
11 daily basis, and sometimes called upon by Court  
12 attorneys or judges in various situations, I have  
13 personally suffered from this, and presently  
14 suffering from it in a case in Housing Court where  
15 the landlord is trying to evict me for the fifth  
16 time in five and a half years, and three different  
17 times, twice in Housing Court and once when I wasn't  
18 even in a case in Housing Court, APS caseworkers  
19 were sent to me in my apartment or in Housing Court.

20                   If I may just have a few more  
21 seconds?

22                   CHAIRPERSON DeBLASIO: Yes.

23                   MS. CASEY: I'd like to ask what is  
24 the eligibility pool for the candidates to be ad  
25 Litem Guardians and to be Article 81 guardians? How

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2 are they trained? And how are they compensated?

3 I recently attended a workshop with  
4 Attorney Violet Brown of the Brooklyn Legal Aid on  
5 this issue, and if I understood her correctly, she  
6 stated that the Guardians ad Litem get a \$600 flat  
7 fee and therefore, if they can dispose of the case  
8 in one hour by giving up the tenants'  
9 rent-stabilized apartment for no good reason then  
10 they get \$600 an hour, whereas if they persist, they  
11 get say \$20 an hour, which is a negative motivation  
12 system.

13 And finally, I'd like to ask and  
14 suggest that the Council members perhaps seek input  
15 on this matter from Fern Fisher, who I understand is  
16 the Administrative Judge of Housing Court or perhaps  
17 the entire Civil Court, as for the structures and  
18 mechanisms of people, figuratively speaking, having  
19 their arms twisted, and being metaphorically  
20 assaulted in Housing Court to get a guardian --

21 CHAIRPERSON DeBLASIO: Thank you.

22 MS. CASEY: -- When they are not  
23 people who should have a guardian and they do not  
24 meet the definition of someone who is eligible.

25 CHAIRPERSON DeBLASIO: Thank you. And



1 AGING AND GENERAL WELFARE COMMITTEES

2 Ms. Casey, you really raise a very important  
3 question, and we will follow up on that. I  
4 appreciate it. And it's something we didn't focus on  
5 today but very worthy of some attention. And I know  
6 some staff in the Council have been in touch with  
7 you and we will continue to be helpful in any way  
8 that we can. But thank you for raising the question  
9 today.

10 Okay, thank you to everyone here. And  
11 this joint hearing of the Committee on Aging and the  
12 General Welfare Committee is adjourned.

13 (Hearing concluded at 4:27 p.m.)

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CERTIFICATION

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STATE OF NEW YORK )

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COUNTY OF NEW YORK )

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I, CINDY MILLELOT, a Certified

10 Shorthand Reporter, do hereby certify that the

11 foregoing is a true and accurate transcript of the

12 within proceeding.

13

I further certify that I am not

14 related to any of the parties to this action by

15 blood or marriage, and that I am in no way

16 interested in the outcome of this matter.

17

IN WITNESS WHEREOF, I have hereunto

18 set my hand this 14th day of June 2007.

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CINDY MILLELOT, CSR.

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C E R T I F I C A T I O N

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I, CINDY MILLELOT, a Certified Shorthand

10 Reporter and a Notary Public in and for the State of

11 New York, do hereby certify the aforesaid to be a

12 true and accurate copy of the transcription of the

13 audio tapes of this hearing.

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CINDY MILLELOT, CSR.

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